



Centers for Medicare & Medicaid Services (CMS)
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**Standard Companion Guide
Health Care Claim Payment/Advice (835)**

**Based on ASC X12N Implementation Guide, Version
005010X221A1**

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Disclosure Statement

The Centers for Medicare & Medicaid Services (CMS) is committed to maintaining the integrity and security of health care data in accordance with applicable laws and regulations. Disclosure of Medicare claims is restricted under the provisions of the Privacy Act of 1974 and Health Insurance Portability and Accountability Act of 1996. This Companion Guide is to be used for conducting Medicare business only.

Preface

This Companion Guide (CG) to the ASC X12N Technical Report Type 3 (TR3) Version 005010 and associated errata adopted under Health Insurance Portability and Accountability Act of 1996 (HIPAA) clarifies and specifies the data content when exchanging transactions electronically with Medicare. Transmissions based on this CG, used in tandem with the TR3, are compliant with both ASC X12N syntax and those guides. This CG is intended to convey information that is within the framework of the TR3 adopted for use under HIPAA. This CG is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

This CG contains instructions for electronic communications with the publishing entity, as well as supplemental information for creating transactions while ensuring compliance with the associated ASC X12N TR3s and the Council for Affordable Quality Healthcare – Committee on Operating Rules for Information Exchange (CAQH CORE) companion guide operating rules.

In addition, this CG contains the information needed by Trading Partners to send and receive electronic data with the publishing entity, who is acting on behalf of CMS, including detailed instructions for submission of specific electronic transactions. The instructional content is limited by ASC X12N's copyrights and Fair Use statement.

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1 Introduction

This document is intended to provide information from the author of this guide to Trading Partners to give them the information they need to exchange Electronic Data Interchange (EDI) data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An EDI Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse, or software vendor) that transmits to, or receives electronic data from Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare Fee-For-Service (FFS) is publishing this Companion Guide (CG) to clarify, supplement and further define specific data content requirements to be used in conjunction with, and not in place of, the ASC X12N Technical Report Type 3 (TR3) Version 005010 for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This CG provides communication, connectivity, and transaction-specific information to Medicare FFS Trading Partners and serves as the authoritative source for Medicare FFS-specific EDI protocols.

Additional information on Medicare FFS EDI practices are referenced within Internet-only Manual (IOM) Pub. 100-04 Medicare Claims Processing Manual:

- Chapter 22 - Remittance Advice can be accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c22.pdf>.
- Chapter 24 - General EDI and EDI Support, Requirements, Electronic Claims, and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c24.pdf>.

1.1 Scope

EDI addresses how Trading Partners exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This CG also applies to ASC X12N 835 transactions that are being exchanged with Medicare by third parties such as clearinghouses, billing services, or network service vendors.

This CG provides technical and connectivity specification for the 835 Health Care Claim: Payment/Advice transaction Version 005010.

1.2 Overview

This CG includes information needed to commence and maintain communication exchange with Medicare. In addition, this CG has been written to assist you in designing and implementing the ASC X12N 835 transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- **Getting Started:** This section includes information related to hours of operation, data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.
- **Testing and Certification Requirements:** This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.
- **Connectivity/Communications:** This section includes information on Medicare's transmission procedures as well as communication and security protocols.
- **Contact Information:** This section includes EDI customer service, EDI technical assistance, Trading Partner services and applicable websites.
- **Control Segments/Envelopes:** This section contains information needed to create the Interchange Control Header/Trailer (ISA/IEA), Functional Group Header/Trailer (GS/GE), and Transaction Set Header/Trailer (ST/SE) control segments for transactions to be submitted to or received from Medicare.
- **Specific Business Rules and Limitations:** This section contains Medicare business rules and limitations specific to the ASC X12N 835.
- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments sent by Medicare and report inventory.
- **Trading Partner Agreement:** This section contains information related to implementation checklists, transmission examples, Trading Partner Agreements and other resources.
- **Transaction Specific Information:** This section describes the specific CMS requirements over and above the information in the ASC X12N 835 TR3.

1.3 References

The following websites provide information for where to obtain documentation for Medicare-adopted EDI transactions and code sets.

Table 1 – EDI Transactions and Code Set References

Resource	Web Address
ASC X12N TR3s	The official ASC X12 website
Washington Publishing Company Health Care Code Sets	The official Washington Publishing Company website

1.4 Additional Information

For additional information, please visit the CGS EDI Web page at <http://www.cgsmedicare.com/partb/edi/index.html>.

The website in the following table provides additional resources for HIPAA Version 005010 implementation:

Table 2 – Additional EDI Resources

Resource	Web Address
Medicare FFS EDI Operations	https://www.cms.gov/ElectronicBillingEDITrans/

2 Getting Started

2.1 Working Together

CGS Administrators, LCC (CGS) is dedicated to providing communication channels to ensure communication remains constant and efficient. CGS has several options to assist the community with their electronic data exchange needs. By using any of these methods, CGS is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. Email is also accepted as a method of communicating with CGS EDI. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any Protected Health Information (PHI) to ensure security is maintained. In addition to the CGS EDI help desk and email access, see Section 5 for additional contact information.

CGS also has several external communication components in place to reach out to the Trading Partner community. CGS posts all critical updates, system issues, and EDI-specific billing material to their website, <https://www.cgsmedicare.com>. All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. CGS also distributes EDI-pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every three months. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for CGS’s distribution list by https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp

Specific information about the above-mentioned items can be found in the following sections.

2.2 Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to, or receives electronic data from, another entity.

Medicare FFS and CGS support many different types of Trading Partners or customers for EDI. To ensure proper registration, it is important to understand the terminology associated with each customer type.

- **Submitter** – the entity that owns the submitter ID associated with the health care data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing National Provider Identifier (NPI). Often the terms submitter and Trading Partner are used interchangeably because a Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to CGS is a Medicare FFS Trading Partner.
- **Vendor** – an entity that provides hardware, software, and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor, or clearinghouse.
- **Software Vendor** – an entity that creates software used by Trading Partners to conduct the exchange of electronic transactions with Medicare FFS.
- **Billing Service** – a third party that prepares and/or submits claims for a Trading Partner.
- **Clearinghouse** – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a Trading Partner.
- **Network Service Vendor** – a third party that provides connectivity between a Trading Partner and CGS.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form designates the Medicare contractor and/or CEDI as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged.

Entities processing paper do not need to complete an EDI registration.

For EDI enrollment information, please visit the CGS EDI Web page at <http://www.cgsmedicare.com/partb/edi/enrollment.html>.

Under HIPAA, EDI applies to all covered entities transmitting the following HIPAA-established administrative transactions: 837I and 837P, 835, 270/271, 276/277, and the National Council for Prescription Drug Programs (NCPDP) D.O. Additionally, Medicare Administrative Contractors (MACs) and Common Electronic Data Interchange (CEDI) will use the Interchange Acknowledgment (TA1), Implementation Acknowledgment (999), and 277 Claim Acknowledgement (277CA) error-handling transactions.

Medicare requires that CGS furnish information on EDI to new Trading Partners that request Medicare claim privileges. Additionally, Medicare requires CGS to assess the capability of entities to submit data electronically, establish their qualifications, and enroll and assign submitter EDI identification numbers to those approved to use EDI.

A Trading Partner must obtain an NPI and furnish that NPI to CGS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. CGS is required to verify that NPI is on the Provider Enrollment Chain and Ownership System (PECOS). If the NPI is not verified on the PECOS, the EDI Enrollment Agreement is denied, and the Trading Partner is encouraged to contact CGS Trading Partner enrollment department (for Medicare Part A and Part B Trading Partners) or the National Supplier Clearinghouse (for Durable Medical Equipment [DME] suppliers) to resolve the issue. Once the NPI is properly verified, the Trading Partner can reapply the EDI Enrollment Agreement.

A Trading Partner's EDI number and password serve as an electronic signature and the Trading Partner would be liable for any improper usage or illegal action performed with it. A Trading Partner's EDI access number and password are not part of the capital property of the Trading Partner's operation and may not be given to a new owner of the Trading Partner's operation. A new owner must obtain their own EDI access number and password.

If Trading Partners elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse, or network services vendor, then the third party must sign an agreement to meet the same Medicare security and privacy requirements that apply to the Trading Partner in regard to viewing or using Medicare beneficiary data. These agreements are not to be submitted to Medicare but are to be retained by the Trading Partners. Trading Partners will notify CGS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with CGS by completing the third-party agreement form. This will ensure that their connectivity is completed properly, however they may need to enroll in mailing lists separately in order to receive all publications and email notifications.

Additional third-party billing information can be found at <https://www.cgsmedicare.com/partb/edi/enrollment.html>.

Trading Partners must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse, or network service vendor. Trading Partners must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a Trading Partner's EDI number and password to access Medicare systems. Clearinghouse and other third-party representatives must obtain and use their own unique EDI access number and password from CGS. For a complete reference to security requirements see Section 4.4.

2.3 Trading Partner Certification and Testing Process

- To sign up complete the J15 Communications and the enrollment from located on our website. <https://www.cgsmedicare.com/partb/edi/enrollment.html>.
- What to expect throughout the process from CGS. Once CGS provides the Submitter ID to a trading partner, a test file should be submitted to CGS containing at least 25 claims with a T in the ISA15 field. Once the test file is submitted, verify the file received an accepted 999 and 277CA. Once an error free 277CA populates the EDI helpdesk should be contacted to move the submitter ID into production.

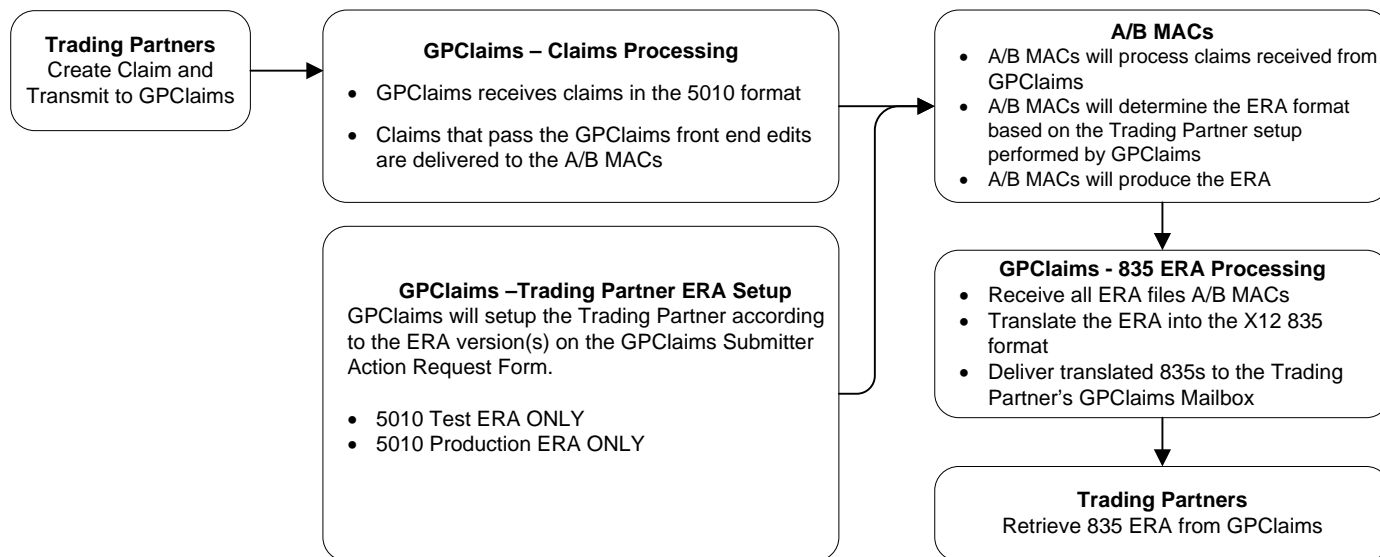
3 Testing and Certification Requirements

Not applicable.

4 Connectivity / Communications

4.1 Process Flows

The following diagram illustrates how ANSI ASC X12 835 electronic transaction flow into and out of the GPNET, CGS/Palmetto GBA's EDI Gateway.



4.2 Transmission

Please see the GPNet Communications Manual posted under <https://www.cgsmedicare.com/partb/edi/index.html>

Connectivity specifications are located at http://www.cgsmedicare.com/pdf/gpnet_comm_manual.pdf.

4.2.1 Re-transmission Procedures

CGS does not require any identification of a previous transmission of a claim. All claims should be marked as original.

4.3 Communication Protocol Specifications

Please see the GPNet Communications Manual posted under the EDI User Guides webpage at

<https://www.cgsmedicare.com/partb/edi/index.html>

NOTE: Internet connectivity is only available using our CAQH CORE connectivity method for the following transactions:

- 276: ASC X12 Health Care Claim Status Request
- 277: ASC X12 Health Care Information Status Notification
- 835: ASC X12 Health Care Claim Payment/ Advice
- 999: ASC X12 Implementation Acknowledgment for Health Care Insurance

Under the internet portal demonstration, for select transaction and with prior CMS approval.

4.4 Security Protocols and Passwords

All Trading Partners must adhere to CMS information security policies; including, but not limited to, the transmission of electronic claims, claim status, receipt of the remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. Violation of this policy will result in revocation of all methods of system access. CGS is responsible for notifying all affected Trading Partners as well as reporting the system revocation to CMS. Additional information can be found at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/CIO-Directives-and-Policies/CIO-IT-Policy-Library-Items/STANDARD-ARS-Acceptable-Risk-Safeguards.html>.

[

- Login in ID's are assigned once a request is received with a valid EDI application and an EDI enrollment form is on file. EDI transactions submitted by unauthorized Trading partners will not be accepted. Password guidelines are provided with receipt of initial passwords from CGS.

- CMS' information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. The Trading Partner should protect password privacy by limiting knowledge of the password to key personnel. The password should be changed when there are any personnel changes. The submitter ID and Password are required to transmit files to CGS. Please see our GPNET communications manual posted under the EDI user Guides webpage at <https://www.cgsmedicare.com/partb/edi/index.html>
- Password guidelines are provided with receipt of initial passwords. Please contact the EDI helpdesk for assistance with passwords and resets.

5 Contact Information

5.1 EDI Customer Service

For EDI Customer Service information, please visit the contact us area on <https://www.cgsmedicare.com>

- Mailing Address
[J15- EDI](#)
[CGS](#)
[PO box 20018](#)
[Nashville, TN 37202](#)
- Telephone Number both toll free 800 number and regular number
- CGS Part A 1.866.590.6703 option 2
- CGS Part B 1.866.276.9558 option 2
- CGS HHH 1.866.299.4500 option 2

EDI Fax Numbers

- 1.615.664.5945 Ohio Part A
- 1.615.664.5943 Kentucky Part A
- 1.615.664.5927 Ohio Part B
- 1.615.664.5917 Kentucky Part B
- 1.615.664.5947 Home Health & Hospice
- Email Address
- https://www.cgsmedicare.com/partb/cs/online_help.html
- <https://www.cgsmedicare.com/hhh/cs/onlinehelphhh.html>
- https://www.cgsmedicare.com/parta/cs/online_help.html

- Time and Day of Operations] – including a link to MAC/CEDI website for closures and holidays]
- Monday – Friday 8:00 a.m. EST to 5:00 p.m. EST.
- CGS Holiday Schedule

New Year’s Day
 Martin Luther King, Jr.’s Birthday
 Memorial Day
 Independence Day
 Labor Day
 Thanksgiving Day
 Day after Thanksgiving
 Christmas Eve
 Christmas Day

https://www.cgsmedicare.com/partb/cs/2019_holiday_schedule.pdf

5.2 EDI Technical Assistance

See section 5.1 for Technical Assistance Information

5.3 Trading Partner Service Number

See section 5.1 for Trading Partner Service Number Information

5.4 Applicable Websites / Email

Please visit the CGS EDI Webpage at <http://www.cgsmedicare.com>.

6 Control Segments Envelopes

Enveloping information must be as follows:

Table 3 – Control Segments / Envelope Requirements

Page #	Element	Name	Codes/Content	Notes/Comments
	ISA	Interchange Control Header		

Page #	Element	Name	Codes/Content	Notes/Comments
C.4	ISA01	Authorization Information Qualifier	00	Medicare will send with "00".
C.4	ISA02	Authorization Information		ISA02 shall contain 10 blank spaces.
C.4	ISA03	Security Information Qualifier	00	Medicare will send with 00.
C.4	ISA04	Security Information		Medicare will send spaces.
C.4	ISA05	Interchange Sender ID Qualifier	27, 28, ZZ	Medicare will populate with "27".
C.4	ISA06	Interchange Sender ID		CGS Contractor #'s Ohio Part B 15202 Home Health & Hospice 15004 Ohio Part A 15201 Kentucky B 15102 Kentucky Part A 15101
C.5	ISA07	Interchange ID Qualifier		Medicare will populate with "29".
C.5	ISA08	Interchange Receiver ID		CGS-assigned Trading Partner/Submitter ID.
C.5	ISA11	Repetition Separator		Must be present.
C.6	ISA14	Acknowledgement Requested	0	Medicare will populate with '0'.
	GS	Functional Group Header		
C.7	GS02	Application Sender Code		CGS Contractor #'s Ohio Part B 15202 Home Health & Hospice 15004 Ohio Part A 15201 Kentucky B 15102 Kentucky Part A 15101
C.7	GS03	Application Receiver Code		Trading Partner / Receiver ID assigned by CGS.
C.8	GS08	Version Identifier Code	005010X221A1	

Interchange Control (ISA/IEA) and Function Group (GS/GE) and the Transaction (ST/SE) sets must be used as described in the TR3. Medicare's expectations for the Control Segments and Envelopes are detailed in Sections 6.1, 6.2, and 6.3.

6.1 ISA-IEA

Delimiters – Inbound Transactions

Not applicable.

Delimiters – Outbound Transactions

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	
Component Element Separator	>	62	5E
Segment Terminator	~	126	3E

Data Element Detail and Explanation

All data elements within the ISA/IEA interchange envelope must follow ASC X12N syntax rules as defined within the TR3.s

6.2 GS-GE

Functional group (GS-GE) codes are transaction-specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in Table 3.

6.3 ST-SE

Medicare FFS follows the HIPAA-adopted TR3 requirements.

7 Specific Business Rules

This section describes the specific requirements that CMS requires over and above the standard information in the TR3.

Table 4 – Detail Structures Business Rules and Limitations

Page #	Loop ID	Reference	Name	Codes	Notes/Comments
111	2000	LX	LX - Header Number		Required for Medicare. Fiscal Intermediary Standard System (FISS) uses TTYMMM - Facility Code/Year/Month. MCS uses "1" for assigned and "0" for non-assigned.
171	2100	REF	Rendering Provider Identification		Segment not used by Medicare.
206	2110	REF	Service Identification – Reference Identification Qualifier	LU, 1S, APC, RB	Medicare does not use "BB", "E9", "G1", or "G3".
207	2110	REF	Rendering Provider Information - Reference Identification Qualifier	HPI, SY, TJ, 1C	Medicare does not use REF01 Codes "0B", "1A", "1B", "1D", "1H", "1J", "D3" or "G2".
209	2110	REF	Health Care Policy Identification	OK	Medicare will report the LCD/NCD code in Loop 2110, Segment REF, REF02.
140	2100	NM1	Insured Name		Segment not used by Medicare.

8 Acknowledgments and Reports

8.1 999 Implementation Acknowledgment

The 999 is not used for 835 transactions.

9 Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with CGS. This agreement can be found at <https://www.cgsmedicare.com/partb/edi/index.html>.

Additionally, CGS requires the following. The CGS Trading Partner Agreement process is identical to our EDI enrollment and registration process.

10 Transaction-Specific Information

This section defines specific requirements that CMS requires over and above the standard information in the ASC X12N 835 TR3.

10.1 Header

The following table contains specific details for the Header.

Table 5 – Header Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		ST	Transaction Set Header			
		BPR	Financial Information			
71		BPR03	Credit or Debit Flag Code	C	1	Code “D” does not apply to Medicare.
72		BPR04	Payment Method Code	ACH, CHK, NON	3	Codes “BOP” and “FWT” do not apply to Medicare.
73		BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.
75		BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	2	Code “04” does not apply to Medicare.

10.1.1 Loop 1000A Payer Identification

The following table describes the specific details associated with the Payer Identification structure.

Table 6 – Loop 1000A Payer Identification

Loop ID	Notes/Comments
1000A	The Payer Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.1.2 Loop 1000B Payee Identification

The following table describes the specific details associated with the Payee Identification structure.

Table 7 – Loop 1000B Payee Identification

Loop ID	Notes/Comments
1000B	The Payee Identification Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2 Detail Structures

This section describes the specific details associated with Detail Structures.

10.2.1 Loop 2000 Header Number

The following table describes the specific details associated with the Header Number structure.

Table 8 – Loop 2000 Header Number

Loop ID	Notes/Comments
2000	The Header Number Section of this CG contains no unique CMS Medicare requirements that differ from the TR3.

10.2.2 Loop 2100 Claim Payment Information

The following table describes the specific details associated with the Claim Payment Information structure.

Table 9 – Loop 2100 Claim Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2100	CLP	Claim Payment Information			
124	2100	CLP02	Claim Status Code	1, 2, 3, 4, 19, 20, 21, 22, 23	2	“25” (Predetermination Pricing Only - No Payment) does not apply to Medicare.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126	2100	CLP06	Claim Filing Indicator Code	MA, MB	2	“MA” required for Part A. “MB” required for Part B and DME.
	2100	CAS	Claim Adjustment			
131	2100	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the “CO”, “OA”, and “PR” group codes; “PI” is not used.
	2100	NM1	Patient Name			
148	2100	NM108	Identification Code Qualifier	MI	2	Use “MI”.
	2100	NM1	Crossover Carrier Name			COB transmissions with more than one secondary payer should indicate remark code “N89” in a claim level remark code data element.
151	2100	NM108	Identification Code Qualifier	PI, XV	2	“AD”, “FI”, “NI”, and “PP” do not apply to Medicare.
	2100	REF				
169	2100	REF01	Reference Identification Qualifier	28, 6P, EA, F8	2	Medicare does not use “1L”, “1W”, “9A”, “9C”, “BB”, “CE”, “G1”, “G3”, or “IG”.
	2100	AMT				

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
182	2100	AMT01	Amount Qualifier Code	AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	3	Medicare does not use "D8", "T" or "T2".
	2100	QTY	Claim Supplement Information Quantity			
184	2100	QTY01	Quantity Qualifier	CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	2	Medicare does not use "LE", "NE", "NR", "PS", or "VS".

10.2.3 Loop 2110 Service Payment Information

The following table describes the specific details associated with the Service Payment Information structure.

Table 10 – Loop 2110 Service Payment Information

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2110	SVC	Service Payment Information			
187	2110	SVC01-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only "HC", "NU", "N4", and "HP" apply to Medicare.
191	2110	SVC06-1	Product or Service ID Qualifier	HC, NU, N4, HP	2	Only "HC", "NU", "N4", and "HP" apply to Medicare.
	2110	CAS	Service Adjustment			
198	2110	CAS01	Claim Adjustment Group Code	CO, OA, PR	2	Medicare contractors are limited to use of the "CO", "OA", and "PR" group codes; "PI" is not used.
	2110	AMT				

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
211	2110	AMT01	Amount Qualifier Code	B6, KH, 2K, ZL, ZM, ZN, ZO	3	Medicare does not use "T" or "T2".
	2110	LQ	Health Care Remark Codes			
215	2110	LQ01	Code List Qualifier Code	HE	3	Only "HE" applies to Medicare.

10.3 Summary

The following table describes the specific details associated with the Summary structure.

Table 11 – Summary Specific Requirements

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		PLB	Provider Adjustment			
217		PLB03-1	Adjustment Reason Code	50, 51, 72, 90, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU	2	Medicare does not use "AH", "AM", "CR", "CT", "CW", or "FC".

11 Appendices

11.1 Implementation Checklist

In order to go live with CGS EDI, the following requirements must be met:

EDI Enrollment Form must be submitted or on file.

EDI Application

Approved Vendor Software or approved Clearinghouse or Billing Service

Approved Network Service Vendor

Upon approval of the request to exchange files with CGS, a letter will be sent to the requestor.

11.2 Transmission Examples

An example of the 835 control segments and envelopes is below.

```
ISA*00*      *00*      *ZZ*SSSSSSSSSS *ZZ*15202      *190131*1131**^*00501*000000017*0*P*>~
GS*HP*SSSSSSSSSS*15202*20190131*1131*17001*X*005010X221~
ST*835*000017001*005010X221~
SE*25*000017001~
GE*1*17001~
IEA*1*000000017~
```

11.3 Frequently Asked Questions

For CGS FAQ's please visit <https://www.cgsmedicare.com/>. Click on your line of business. FAQ's can be located on the menu.

11.4 Acronym Listing

Table 12 – Acronym List

Acronym	Definition
277CA	277 Claim Acknowledgement
999	Implementation Acknowledgment
CAQH CORE	Council for Affordable Quality Healthcare - Committee on Operating Rules for Information Exchange

Acronym	Definition
CEDI	Common Electronic Data Interchange
CG	Companion Guide
CMS	Centers for Medicare & Medicaid Services
DME	Durable Medical Equipment
EDI	Electronic Data Interchange
ERA	Electronic Remittance Advice
FFS	Medicare Fee-For-Service
FISMA	Federal Information Security Management Act
FISS	Fiscal Intermediary Standard System
GS/GE	GS – Functional Group Header / GE – Functional Group Trailer
HIPAA	Health Insurance Portability and Accountability Act of 1996
IG	Implementation Guide
IOM	Internet-only Manual
ISA/IEA	ISA – Interchange Control Header / IEA – Interchange Control Trailer
MAC	Medicare Administrative Contractor
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
PECOS	Provider Enrollment Chain and Ownership System
PHI	Protected Health Information
ST/SE	ST – Transaction Set Header / SE – Transaction Set Trailer
TA1	Interchange Acknowledgment
TR3	Technical Report Type 3
X12	A standards development organization that develops EDI standards and related documents for national and global markets (See: the official ASC X12 website)
X12N	Insurance subcommittee of X12

11.4 Change Summary

The following table contains version information of this CG.

Table 13 – Companion Guide Version History

Version	Date	Section(s) changed	Change Summary
1.0	November 5, 2010	All	Initial Draft
2.0	January 3, 2011	All	1 st Publication Version
3.0	April 2011	6.0	2 nd Publication Version
4.0	September 2015	All	3 rd Publication Version
4.0	June 2016	All	Updated CMS URLs
5.0	March 2017	2.2,4.1.3,4.3&4.4	Updated hyperlinks and connectivity information
5.1	August 2017	All	Updated CGS and CMS URL
6.0	March 2019	All	4th Publication Version
6.1	June 2020	1.3, 11.41	Updated WPC and X12 web addresses