MEDICARE
RAILROAD CARRIER

Dear Potential Electronic Submitter:

Thank you for contacting Palmetto GBA Railroad Medicare Electronic Data Interchange (EDI) Operations for information on electronic claim submissions. "Electronic claim submission" means that your claims will be sent to Palmetto GBA Railroad Medicare electronically, using your telephone line instead of mailing a hard copy of the CMS-1500 form.

Electronic Claims Submission – The Administrative Simplification Compliance Act (ASCA) prohibits Medicare coverage of claims submitted to Medicare on paper, except in limited situations. All initial claims for reimbursement from Medicare must be submitted electronically as of October 16, 2003, with limited exceptions. Palmetto GBA accepts Medicare claims submitted electronically using the ANSI 837 v4010A1 format.

Billing Software – To send claims electronically, you will need to use special billing software. Most billing software packages can enable you to bill your claims electronically and can provide other office accounting functions, such as Electronic Remittances. If you currently use a billing software, please check with your vendor to see if electronic billing capability is available.

Submitting Completed Forms – Please be sure to read all the enclosed information before completing the forms. Return all the appropriate forms to one of the following addresses:

Mailing Address:	Palmetto GBA	**Delivery Address:**	Palmetto GBA
	EDI Operations		EDI Operations
	PO Box 10066		2743 Perimeter Parkway
	Augusta, GA 30999-0001		Augusta, GA 30909

E-Mail Updates – Register on the Palmetto GBA Web site (www.PalmettoGBA.com) to receive EDI news electronically. By selecting "e-mail updates" and completing a user profile, you will be notified via e-mail when new or important EDI information is added to our Web site. If you have already registered, please ensure your profile has been updated for all new applicable EDI categories, including the EDI topic located under the Railroad Medicare category. Users of Palmetto GBA-provided PC-ACE Pro32 software should select the Palmetto GBA Software Users topic located under the General category. This category also includes a special topic created for Vendors, Clearinghouses and Billing Services.

Take Control of Your Accounts Receivable and Become Compliant Now! – Sign up today to receive your remittances electronically and be ahead of the game. Download and print your remits more quickly. CMS is focused on increasing the number of providers who receive their remittances electronically and decreasing the printing and mailing costs associated with hardcopy remittances.

Support – If you have any questions pertaining to electronic billing or the information contained in this package, or to request a copy of the specifications please contact the Palmetto GBA EDI Technology Support Center toll-free at 1-866-749-4301, Monday through Friday from 8:00 a.m. until 5:00 p.m. EST. When calling, please identify yourself as a Railroad Medicare Provider. You may also reach us via e-mail at RRB.edi@PalmettoGBA.com. We look forward to assisting you with any questions you may have.

Railroad Medicare Electronic Data Interchange (EDI) Operations
Post Office Box 10066
Augusta – Georgia - 30999-0001
www.PalmettoGBA.com

A CMS Contracted Intermediary and Carrier

ENROLLMENT OVERVIEW

EDI Provider Enrollment Process

When a provider wishes to enroll in electronic billing, the EDI Enrollment packet must be completed and submitted for processing. Section 1 of the packet includes an EDI Information Form and the EDI Enrollment Agreement, samples of which can be found at the end of this section. Vendors/submitters can duplicate these pages as often as needed. System vendors, billing services and clearinghouses should complete Part B or Part C of the EDI Information Form prior to duplication and distribution to clients, to ensure that these sections contain accurate information.

If a vendor/submitter is adding a new client who has all the necessary agreements on file, submit only a new EDI information form or a Provider Change Form, not a new agreement. You may complete the EDI Information Form online at www.palmettogba.com. If the vendor/submitter is approved for production, the provider will not need to test. To avoid duplication of paperwork, you may contact the Palmetto GBA EDI Technology Support Center toll-free at 1-866-749-4301 to determine if your new client has the necessary documentation on file.

Section 2 of the EDI Enrollment packet contains information on the PC-ACE Pro32 Claim Submission Software. There is also contact information included here for Medicare Electronic Remittance Advice.

Billing Services/Vendor Enrollment Process

New EDI System vendors, billing services, or clearinghouses are required to complete the EDI Information Form, a copy of which can be found at the end of this section. If you will be accessing Electronic Remittance functions for the provider, an Addendum to Electronic Remittance for Billing Services must be completed and mailed to Palmetto GBA. In order to have electronic remittances access, you must be submitting claims electronically for the provider and/or supplier. Palmetto GBA EDI Operations will verify claims submission and provider and/or supplier authorization. Please keep a blank copy of these forms in the event that you secure new clients.

GPNet

GPNet is the HIPAA-compliant EDI gateway used by Palmetto GBA. The GPNet communication platform supports asynchronous telecommunications up to 56K bps. It will support numerous asynchronous telecommunication protocols, including Kermit, Xmodem (Check Sum), Ymodem (Batch) and Zmodem. Most "off-the-shelf" communication software will support one or all of these protocols. You may select any of the protocols indicated; however, **Zmodem is recommended** based on its speed and reliability. The asynchronous user's modem should be compatible with 56K, V.34 - 28.8 bps or V.42 - 14.4 bps.

In addition, we encourage the use of PKZIP compatible compression software. GPNet is defaulted to send uncompressed files; therefore, if you wish to receive all of your files in a compressed format, select the appropriate option on the Submitter ID Application Form. **Note:** In addition to modem file transfers, GPNet also supports file transfers via dial-up File Transfer Protocol (FTP) and CONNECT:Direct (also known as Network Data Mover or NDM).

The GPNet platform is available 24 hours a day, seven days a week. The real time editing system is down from 11:30 p.m. to 5:00 a.m. ET. If the editing system is not available, you may still upload a file to GPNet. As soon as the editing system resumes processing, files in GPNet will be edited. The response files will be built and loaded into your mailbox for retrieval at your convenience within 24 hours.

A GPNet Communications Manual is available for download from the www.PalmettoGBA.com Web site. Under Providers, choose "Electronic Data Interchange (EDI)," then from the menu on the left choose "Railroad Medicare," then "Software & Manuals," and then "GPNet Communications Manual." Read and accept the License and then click "View Attachments." From the pop-up window, choose "Palm GPNet

Comm Man.pdf." The file will open in a new browser window using Adobe Acrobat. To print or save the file, use the Acrobat toolbar in the browser window.

The *GPNet Edit Manual* includes a list of GPNet Edit codes and descriptions that may appear on the GPNet Response Report. The *GPNet Edit Manual* is also available for download from the Web site. Follow the steps above and then from the list under "Software & Manuals," choose "GPNet Edit Manual." Click "View Attachments." From the pop-up window, choose "GPNet Edit Man.pdf." The file will open in a new browser window using Adobe Acrobat. To print or save the file, use the Acrobat toolbar in the browser window.

Please contact the Palmetto GBA Technology Support Center at 1-866-749-4301 with questions regarding GPNet edits.

> If you include an e-mail address on the enclosed EDI Enrollment Forms, Palmetto GBA will send you a Tracking Number via e-mail that you can use to monitor your enrollment process through the Palmetto GBA Web site at www.PalmettoGBA.com.

EDI PROVIDER ENROLLMENT PACKET – SECTION 1

The following documents are required for electronic data interchange (including electronic claims submission and inquiry):

♦ Electronic Data Interchange Information Form

♦ Medicare Electronic Data Interchange Enrollment Agreement (you must return all three pages)

All new providers *must* complete and return these enrollment documents in order to enroll in Electronic Data Interchange (EDI). The Medicare Electronic Data Interchange Enrollment Agreement must be signed by the physician, administrator or equivalent legal representative and the *original* returned prior to sending electronic production claims. The enrollment documents found at the end of this section *must* be completed and returned to us by mail for processing. You should keep a copy of the Medicare EDI Enrollment Agreement for your records.

If you have any questions, please contact the Technology Support Center toll-free at 1-866-749-4301.

Electronic Data Interchange (EDI) Information Form

PART A – PROVIDER DATA

This portion of the form is to be completed by the Physician, Supplier or Group Practice. It must include the Physician, Supplier or Group Practice name and the complete street address, city, state, zip code, primary contact's name, phone number, fax number, provider number(s) and National Provider Identifier(s) (NPIs). If you are requesting approval for multiple physicians, suppliers or group identification numbers, a separate EDI Enrollment Packet *must* be completed for each individual billing number. If you are enrolling a group practice, only one Enrollment Packet should be completed with the group billing identification number.

Provider is Submitter: Place a check before this choice if you will be submitting—

♦ Electronically

♦ Direct to us from your office

♦ Using the software indicated in Part B of the form

This *must* be checked if applicable.

Provider is with Billing Service or Clearinghouse: Place a check before this choice if your claims will be submitted—

♦ Electronically

♦ Through a billing service or clearinghouse, as indicated in Part C of the form

This *must* be checked if applicable.

Be sure to include the Provider Identification Numbers in the space provided. With this choice, the group of providers will be assigned one special submitter number to be used by all providers. **Note:** Only individual practice or group numbers are needed. Physician's individual numbers that are within a group billing practice are not needed.

PART B – EDI SOFTWARE VENDOR DATA

If you received this packet from your software vendor, this section may have already been completed for you. If it is not completed, you must provide the company name of your software vendor.

PART C – EDI BILLING SERVICE OR CLEARINGHOUSE DATA

If you received this packet from your billing service or clearinghouse, this section may have already been completed for you. If it is not completed, you must provide the company name of the billing service or clearinghouse that will be submitting your claims.

Medicare Electronic Data Interchange (EDI) Enrollment Agreement

The physician, administrator or equivalent legal representative must sign this agreement if you will be submitting Railroad Medicare claims. A copy of this agreement can be found at the end of this section. Complete ALL fields and mail entire agreement (three pages) with *original* signature.

The address shown on the EDI Enrollment Agreement must match the address that was submitted to our Provider Enrollment Department when enrolling for a provider number. If the address on the completed EDI Enrollment Form *does not* match, your entire EDI Enrollment Packet will be returned.

The **National Provider Identifier (NPI)** must be printed in the space provided on the EDI Agreement. If this information is missing, the **EDI Agreement will not be processed.**

Submitting Completed Documents

Please make sure you follow these steps:

Step 1: Complete the Electronic Data Interchange (EDI) Information Form.

Step 2: Complete and sign the Medicare Electronic Data Interchange (EDI) Enrollment Agreement.

Step 3: Make copies of the completed forms for your records.

Step 4: Return all *original* documents to one of the following addresses:

Mailing Address: Palmetto GBA	**Delivery Address:** Palmetto GBA
EDI Operations	EDI Operations
PO Box 10066	2743 Perimeter Parkway
Augusta, GA 30999-0001	Augusta, GA 30909

It is very important that you complete and return the entire enrollment packet as described above. *Incomplete packets will not be processed and may be returned to the submitter.*

Once the complete EDI enrollment packet has been received, the documents will be processed. Processing will take approximately three to five weeks from the date of receipt. (Remember that mailing time can take as much as five days.)

After processing, a confirmation will be sent to the submitter as notification to begin filing claims electronically. If neither confirmation nor a returned packet is received after four weeks, contact the EDI Technology Support Center.

PC-ACE Pro32 Claim Submission Software

PC-ACE Pro32 is a complete, self-contained electronic processing system for healthcare claims submission in the ANSI 837 v4010A1 HIPAA-compliant format. It can be used in a stand-alone configuration or in conjunction with your existing claims management system. The system has been designed to work exclusively with the Microsoft Windows operating system.

MINIMUM SYSTEM REQUIREMENTS

♦ Pentium 133 MHz processor (Pentium II-350 for larger claim volume)

♦ 32 MB system memory (64 MB recommended)

♦ SVGA monitor resolution (800 x 600)

♦ Windows '95, '98, 2000, Me, or NT 4.0 operating system

♦ Adobe Acrobat Reader Version 4.0 (for overlaid claim printing)
  This free software can be downloaded from the Adobe website (www.adobe.com).

♦ Asynchronous modem at 9600 bps or higher

Notice: Pro32 was not developed for network use. Technical support **will not** be provided for users who install Pro32 on a network. You must obtain all assistance from your Network Administrator.

There are two ways to receive PC-ACE Pro32 Software:

1. **CD-ROM Copy:** To order a copy of this software on CD-ROM, please complete the PC-ACE Pro32 Claim Submission Software CD-ROM Request Form included in this packet.

2. **Download from the Web:** You can download the PC-ACE Pro32 Software through the Palmetto GBA Web site. You must have been assigned a Submitter ID prior to using this option.

To order Pro32, complete the forms found at the end of this section and send to:

Mailing Address: Palmetto GBA EDI Operations PO Box 10066 Augusta, GA 30999-0001	**Delivery Address:** Palmetto GBA EDI Operations 2743 Perimeter Parkway Augusta, GA 30909

Medicare Electronic Remittance Notices

Electronic Remittances, downloaded from GPNet, duplicate the information contained on paper remittances. The current format for electronic remittances is the ANSI 835 v4010A1.

If you wish to enroll for Electronic Remittances without ordering Palmetto GBA software, simply mark the appropriate box on the Medicare EDI Information Form. The *Electronic Remittance Addendum for Billing Services and Clearinghouses* form should be completed and signed by providers who authorize billing services/clearinghouses to retrieve Electronic Remittances for them. The name and ERN identification number of the billing service are the only two pieces of information on this form which do not relate to the provider's company.

Enrollment Process for Billing Services, Clearinghouses, & EDI System Vendors

Billing Services, Clearinghouses and EDI System Vendors must enroll before they will be approved. To enroll, complete the following steps:

Step 1: Complete the EDI Information Form (included at the end of this section) and mail to:

Mailing Address: Palmetto GBA EDI Operations PO Box 10066 Augusta, GA 30999-0001	**Delivery Address:** Palmetto GBA EDI Operations 2743 Perimeter Parkway Augusta, GA 30909

Step 2: You will receive notification via mail of your submitter/vendor number and status.

New EDI system vendors are required to test the electronic claim process. New submitters who use a system that has not been approved for production by Palmetto GBA will also need to test. Refer to Section 3 – Testing Requirements for more information.

Step 3: New vendors/submitters who have completed a successful test must submit an EDI Production Request Form (included in Section 3 – Testing Requirements) by fax. EDI analysts will review the test for completeness including the proper submission of Medigap information and will respond to the vendor/submitter with notification of production status or the need for additional testing.

Step 4: Submitters who are approved for production status may begin submitting claims for providers who have a Medicare Electronic Data Interchange (EDI) Enrollment Agreement on file.

Railroad Medicare EDI Information Form

Palmetto GBA
PARTNERS IN EXCELLENCE

Mail Completed Form To: Railroad Medicare EDI
PO Box 10066
Augusta, GA 30999

☐ **New Request**   ☐ **Update Info**
Current Date: _____

Check One: ☐ Vendor   ☐ Billing Service   ☐ Submitter   ☐ Clearinghouse

PART A – PROVIDER DATA

Name: **Submitter ID (If assigned):**

Address:

City, State, Zip:

Contact: **E-mail:**

Phone: (   )   **Ext:**   **Fax:** (   )

Railroad Medicare Provider Number:

National Provider Identifier (NPI):

Check One: ☐ Provider is Submitter (Provider submits claims directly from their office. Fill out Part B below.)
           ☐ Provider is with Billing Service/Clearinghouse (Fill out Part C below.)

Request Electronic Remittances (ANSI 835 v4010A1):   ☐ No
☐ Yes (must complete Addendum to Electronic Remittance Enrollment Form for Billing Services and Clearinghouses form)

PART B – EDI SOFTWARE VENDOR DATA

Check here if you will be using PC-ACE Pro32 Software provided by Palmetto GBA: ☐

Vendor Name:

Contact: **Phone:** (   )   **Ext:**   **Fax:** (   )

Address:

City, State, Zip:

Vendor ID: **E-mail:**

Response Format: ☐ File   ☐ Report Format   **Mode:** ☐ ASYNCH ☐ CONNECT:Direct ☐ FTP

Data Compression: ☐ PKZIP (Version 2.04g or compatible)   ☐ UNIX   ☐ None

PART C – EDI BILLING SERVICE/CLEARINGHOUSE DATA
(TO BE COMPLETED BY BILLING SERVICE/CLEARINGHOUSE)

Company Name:

Address:

City, State, Zip:

Submitter ID: **E-mail:**

Contact: **Phone:** (   )   **Ext:**   **Fax:** (   )

Response Format: ☐ File   ☐ Report Format   **Mode:** ☐ ASYNCH ☐ CONNECT:Direct ☐ FTP

Data Compression: ☐ PKZIP (Version 2.04g or compatible)   ☐ UNIX   ☐ None

Medicare Electronic Data Interchange Enrollment Agreement

A. The provider agrees to the following provisions for submitting Medicare claims electronically to CMS or to CMS' carriers, MACs, or FIs:

1. That it will be responsible for all Medicare claims submitted to CMS or a designated CMS contractor by itself, its employees, or its agents.

2. That it will not disclose any information concerning a Medicare beneficiary to any other person or organization, except CMS and/or its carriers, MAC s, FIs, or another contractor if so designated by CMS without the express written permission of the Medicare beneficiary or his/her parent or legal guardian, or where required for the care and treatment of a beneficiary who is unable to provide written consent, or to bill insurance primary or supplementary to Medicare, or as required by State or Federal law.

3. That it will submit claims only on behalf of those Medicare beneficiaries who have given their written authorization to do so, and to certify that required beneficiary signatures, or legally authorized signatures on behalf of beneficiaries, are on file.

4. That it will ensure that every electronic entry can be readily associated and identified with an original source document. Each source document must reflect the following information:
   • Beneficiary's name
   • Beneficiary's health insurance claim number
   • Date(s) of service
   • Diagnosis/nature of illness
   • Procedure/service performed

5. That the Secretary of Health and Human Services or his/her designee and/or the carrier, MAC FI, or other contractor if designated by CMS has the right to audit and confirm information submitted by the provider and shall have access to all original source documents and medical records related to the provider's submissions, including the beneficiary's authorization and signature. All incorrect payments that are discovered as a result of such an audit shall be adjusted according to the applicable provisions of the Social Security Act, Federal regulations, and CMS guidelines.

6. That it will ensure that all claims for Medicare primary payment have been developed for other insurance involvement and that Medicare is the primary payer.

7. That it will submit claims that are accurate, complete, and truthful.

8. That it will retain all original source documentation and medical records pertaining to any such particular Medicare claim for a period of at least 6 years, 3 months after the bill is paid.

9. That it will affix the CMS-assigned unique identifier number (submitter identifier) of the provider on each claim electronically transmitted to the carrier, MAC, FI, or other contractor if designated by CMS.

10. That the CMS-assigned unique identifier number (submitter identifier) or NPI constitutes the provider's legal electronic signature and constitutes an assurance by the provider that services were performed as billed.

11. That it will use sufficient security procedures (including compliance with all provisions of the HIPAA security regulations) to ensure that all transmissions of documents are authorized and protect all beneficiary-specific data from improper access.

12. That it will acknowledge that all claims will be paid from Federal funds, that the submission of such claims is a claim for payment under the Medicare program, and that anyone who misrepresents or falsifies or causes to be misrepresented or falsified any record or other information relating to that claim that is required pursuant to this agreement may, upon conviction, be subject to a fine and/or imprisonment under applicable Federal law.

13. That it will establish and maintain procedures and controls so that information concerning Medicare beneficiaries, or any information obtained from CMS or its carrier, MAC, FI, or other contractor if designated by CMS shall not be used by agents, officers, or employees of the billing service except as provided by the carrier, MAC, or FI (in accordance with §1106(a) of Social Security Act (the Act).

14. That it will research and correct claim discrepancies.

15. That it will notify the carrier, MAC, FI, or other contractor if designated by CMS within 2 business days if any transmitted data are received in an unintelligible or garbled form.

B. The Centers for Medicare & Medicaid Services (CMS) agrees to:

1. Transmit to the provider an acknowledgment of claim receipt.

2. Affix the FI/carrier/ MAC or other contractor if designated by CMS number, as its electronic signature, on each remittance advice sent to the provider.

3. Ensure that payments to providers are timely in accordance with CMS' policies.

4. Ensure that no carrier, MAC, FI, or other contractor if designated by CMS may require the provider to purchase any or all electronic services from the carrier, MAC, or FI or from any subsidiary of the carrier, MAC, FI, other contractor if designated by CMS, or from any company for which the carrier, MAC, or FI has an interest. The carrier, MAC, FI, or other contractor if designated by CMS will make alternative means available to any electronic biller to obtain such services.

5. Ensure that all Medicare electronic billers have equal access to any services that CMS requires Medicare carriers, MACs, FIs, or other contractors if designated by CMS to make available to providers or their billing services, regardless of the electronic billing technique or service they choose. Equal access will be granted to any services the carrier, MAC, FI, or other contractor if designated by CMS sells directly, or indirectly, or by arrangement.

6. Notify the provider within 2 business days if any transmitted data are received in an unintelligible or garbled form.

NOTE: Federal law shall govern both the interpretation of this document and the appropriate jurisdiction and venue for appealing any final decision made by CMS under this document.

This document shall become effective when signed by the provider. The responsibilities and obligations contained in this document will remain in effect as long as Medicare claims are submitted to the carrier, MAC, FI, or other contractor if designated by CMS. Either party may terminate this arrangement by giving the other party thirty (30) days written notice of its intent to terminate. In the event that the notice is mailed, the written notice of termination shall be deemed to have been given upon the date of mailing, as established by the postmark or other appropriate evidence of transmittal.

C. Signature

I am authorized to sign this document on behalf of the indicated party and I have read and agree to the foregoing provisions and acknowledge same by signing below.

Provider/Supplier Name: _____

Address: _____

_____

City/State/Zip: _____

Phone: _____

Authorized Signature: _____

By (Print Name): _____

Title: _____

Railroad Medicare Provider Number: _____

National Provider Identifier (NPI): _____

Date: _____

ADDENDUM TO ELECTRONIC REMITTANCE ENROLLMENT FORM
FOR BILLING SERVICES AND CLEARINGHOUSES

I hereby authorize _____ to receive Electronic Remittances

<small>BILLING SVC./CLEARINGHOUSE</small>

on my behalf. I understand that Electronic Remittances contain payment information concerning my

processed Medicare Part B claims. I am authorized to endorse this addendum on behalf of my company,

and I acknowledge that it is my responsibility to notify Palmetto GBA in writing if I wish to revoke this

authorization.

Provider Number / Group ID	National Provider Identifier (NPI)
Company Name	ERN ID (Billing Svc./Clearinghouse)
Address	Name/Title (Please Print)
City/State/Zip	Phone
E-mail Address	Signature
	Date

Submit completed form to: Railroad Medicare EDI
PO Box 10066
Augusta, GA 30999

Or Fax to:

EDI Dept
(706) 855-3085

PC-ACE PRO32 SOFTWARE CD-ROM ORDER FORM

I have read and understand the system requirements for the free PC-ACE Pro32 software and I have verified that my system meets the minimum equipment requirements to submit my claims electronically using the Pro32 software.

Railroad Medicare Number(s): _____

National Provider Identifier(s) (NPIs): _____

Railroad Provider/Group Name: _____

Submitter Name (if not provider's office): _____

Address: _____

City:_____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Contact Person: _____ E-mail:_____

Windows Version (check one):   ☐ '95   ☐ '98   ☐ 2000

☐ NT 4.0   ☐ Other _____

On a Network (check one):   ☐ Yes   ☐ No

Please check appropriate box:
☐ CD-ROM Copy
☐ Download from Web site

Signature: _____Date: _____

To order PC-ACE Pro32, complete this form and send it, along with the EDI Enrollment Agreement & EDI Information Form to one of the following addresses:

Mailing Address: Palmetto GBA
EDI Operations
PO Box 10066
Augusta, GA 30999-0001

Delivery Address: Palmetto GBA
EDI Operations
2743 Perimeter Parkway
Augusta, GA 30909

TESTING REQUIREMENTS

New EDI System Vendors and Submitters

New EDI System vendors and submitters, including providers who have programmed their own systems, will be required to complete a testing phase to ensure accurate format and claims data quality before production status can be granted. Once the vendor or submitter is granted approved status, they can enroll new providers without additional testing.

Test files should consist of a variety of at least 25 claims that represent the type of claims the vendor/submitter will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files; therefore, they must contain valid patient, procedure, diagnosis and provider information. Because test claims will not be processed for payment, claims previously submitted for payment or claims that have not yet been submitted may be used.

In addition to the fields required for specific specialties, we request that test files include (where applicable):

♦ Multiple Place of Service (11, 12, 21, 22, 32…)
♦ Referring UPINs (x-ray, lab, consults, PT)
♦ Medigap for Participating Providers
♦ Secondary Insurance (BCBS, Med. Assistance, Commercial)
♦ MSP claims (paid and allowed amounts, insurance type code)
♦ Narratives
♦ Modifiers
♦ Assistant Surgery (Mod 80, with Facility ID)
♦ Multiple Surgeries
♦ Solo Practice
♦ Group Practice (with Performing Provider ID #'s)
♦ Purchased Test (with Indicator, Amount, Provider ID)
♦ Twelve Detail lines
♦ Anesthesia/CRNA (with modifiers, minutes)
♦ Independent Labs
♦ Independent Radiology
♦ Reference Labs
♦ Ambulance (with GA0 record) – Must include mileage, supplies, round trip, transfers, and special billings (e.g., waiting time) if these services are routinely rendered
♦ Podiatry
♦ Chiropractic (with GC0 record)
♦ Physical Therapy
♦ EPO (with initial EPO visits)

Testing validates the ability of a file to pass the GPNet edits. Format testing checks for the following:

♦ Layout of file	♦ Batch Type	♦ Numeric Fields
♦ Password to Submitter ID	♦ Batch Type to Files	♦ Date Fields
♦ Version Numbers	♦ Batch ID	♦ Relationship Edits
♦ Record Sequencing	♦ Duplicate Batches	♦ Field Values
♦ Balancing		

The submitter of the test file must monitor the response file after each test submission to determine format and/or data elements to be corrected and re-tested. Test results for telecommunicated submissions will be returned at the time of transmission. You will not receive any other form of notification for initial test results.

Once a successful test file has been accepted with no errors, fax a completed EMC Production Request Form to Palmetto GBA EDI to request production status. An EDI analyst will verify the test submissions for accuracy and fax back to the submitter a confirmation form within three (3) business days. Do not attempt to submit production claims until you receive this form.

The EDI Production Request Form and Electronic Claims Confirmation Form can be found on the following pages.

Existing EDI System Vendors and Submitters

Although we do not require approved systems vendors and submitters to test new providers, we encourage all vendors and submitters to test new versions, formats, and/or enhancements to their software programs to ensure their electronic claims software continues to meet format and quality standards. Vendors can use their 6-digit vendor code as the submitter ID to transmit a file for test purposes.

EDI Production Request Form

I have completed claims testing and received a response file with no rejected claims or warnings.

Fax completed form to EDI Operations at: **(706) 855-3085**	**Date:**

Please complete the information requested below to update your status from test to production. You will be notified within 3 business days by fax confirmation.

EDI Submitter\Vendor ID(s):

Contact Person:

Office Phone:	**Fax:**

E-mail Address:

Date(s) of Test Transmission(s):

File ID(s):

Please List the Provider Number(s) / National Provider Identifiers (NPIs) used for Testing:

Technology Support Center (toll-free) – 1-866-749-4301