

Instructions for Completing the EDI Enrollment form

8292

UPDATED:06/17/2022

Who should complete this form?



- Part A and Part B providers should complete this EDI Enrollment form to enroll for EDI billing or to make changes in their EDI setup.
- Part B Providers who have multiple NPIs linked to their PTAN are only required to submit one form with a valid PTAN/NPI combination listed. You do not need to submit separate forms for each NPI.
- It is important that you use the most recent version of any EDI form when enrolling for EDI services or updating your existing EDI status. Please visit our Web site to obtain the most up-to-date documents.

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Where can I locate these forms?



- Direct web link:
 - http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004540
- Website navigation details:
 - Go to www.novitas-solutions.com
 - Select your jurisdiction and type of business (A/B)
 - Click “Electronic Billing – EDI” on the left navigation bar
 - Click “Enroll for EDI” from the submenu
 - Scroll down to find the EDI Enrollment Form bullets
 - Click the appropriate form link

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Completing the EDI Enrollment form (8292)



- Carefully review the following block-by-block instructions for successfully completing the EDI Enrollment form.
- These slides are for instructional purposes only and cannot be completed and submitted for enrollment.
- The form is designed to be completed online and then printed before submitting.

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General Information



General Information		R1-22	
*Contract/State(required):	Select one from dropdown ▾	*Line of Business:	Select one from dropdown ▾

- Select appropriate Contract/State
 - Each contract/state for JH and JL are listed
- Select the appropriate Line of Business
 - Options available are Part A (Institutional) or Part B (Professional)

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Provider Information



Provider Information <small>(Must match the name for the Group/Billing Provider on file with Medicare as reported on the CMS-855 Enrollment form)</small>		
*Provider name: <input type="text"/>	*Contact name: <input type="text"/>	
*Contact telephone number: <input type="text"/>	Contact fax number: <input type="text"/>	
*Street address: <input type="text"/>	*City: <input type="text"/>	
*State/Province: <input type="text"/>	*Zip code/Postal code: <input type="text"/>	
*Email address for listserv and enrollment response: <input type="text"/>		
The PTAN/NPI provided should be the Group PTAN/NPI unless you are not associated to any groups. PTANs may also be known as a CMS Certification Number. For Affiliated PTANs or National Provider Identifiers (NPIs), attach a signed list on company letterhead, if needed.		
Provider Identification		
*Provider Transaction Access Number (PTAN): <input type="text"/>	*National Provider Identifier (NPI): <input type="text"/>	*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN) <input type="text"/>

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Group Provider Required



The information needed on the EDI Enrollment form is the GROUP provider information, unless the provider is not associated to any groups. Individual physicians do not need to enroll directly for electronic billing unless billing as a solo practitioner.

- The numbers needed were sent to you by Provider Enrollment on the 855 Group Approval letter as shown below.

Legal Business Name (LBN): GROUP NAME
Provider/Supplier Type: CLINIC/GROUP PRACTICE
National Provider Identifier (NPI): 111111111
Provider Transaction Access Number (PTAN): 111111
PTAN Effective Date: JULY 29, 2020
Participation Status: PARTICIPATING PROVIDER

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Provider Information Details



- Type the [group] provider name
 - The provider name indicated must match what was reported to Novitas on the CMS- 855 Enrollment form.
 - Please spell out names completely, without abbreviations.
- Type the contact person's name that has knowledge and authority to answer questions regarding your enrollment.
- Type the contact person's telephone number (including area code).
- Type the FAX number (including area code) for the provider.
- Type the practice mailing address, including suite/building numbers/levels.
- Type the email address of the contact person.

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Provider Identification



The PTAN, NPI and TIN/EIN are required and must match the numbers on file at Medicare for the provider being enrolled. The [group] billing information should be reported, not rendering physician information.

- Type the [group] Provider Transaction Access Number (PTAN)
 - The PTAN number reported must match the number on file at Medicare for the provider listed and be linked to the NPI.
 - If you are billing under a group PTAN, only one EDI Enrollment form should be completed using the group PTAN.
 - Affiliated PTANs or NPIs may be setup with an attached signed list on company letterhead.
- Type the [group] National Provider Identifier (NPI)
- Type the Provider Federal Tax ID Number (TIN) or Employer ID Number (EIN)

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Type of Request



Reason for Request	
Reason for submission:	Change Enrollment
Type of Request	
<p>*Request type: (Required) Requests will be processed for the PTAN provided above in the most recent HIPAA-compliant format/version. Please fill out EITHER new submitter OR existing submitter requests section.</p>	
If you are requesting a new submitter ID:	
<input type="checkbox"/>	Assign this provider a new electronic submitter ID. Name of Network Service Vendor (NSV): Name of Billing Software Vendor:
<input type="checkbox"/>	Enroll for Claim Status and Response
<input type="checkbox"/>	Direct Data Entry Only (DDE) (Part A only) FISS Logon Request Form also Required: (JL) (JH)
If you are linking to or updating an existing submitter ID: (Select at least one)	
<input type="checkbox"/>	Add to existing Submitter ID: Submitter ID Name:
<input type="checkbox"/>	Vendor Change <i>(no additional requests should be selected in this block)</i> Name of billing software vendor:
<input type="checkbox"/>	Enroll for Claim Status and Response <i>(for direct submitters)</i>
<input type="checkbox"/>	ERA Change
<input type="checkbox"/>	PC-ACE Enrollment Only Existing Direct Submitter ID:
<p>If the same entity, other than the Provider, is both preparing and submitting the electronic claims, that entity must be reported on the CMS-855 form.</p>	

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Type of Request:

New Submitter ID



- Select the Reason for submission.
 - Dropdown options are: New Enrollment or Change Enrollment
 - This field is not required.
- If you are requesting a new submitter ID:
 - Check the box to Assign this provider a new electronic billing submitter ID if you will be connecting directly to Novitas for electronic billing. Also type the name of your Network Service Vendor and Billing Software Vendor. Both vendors must be listed and must be enrolled with Novitas.
 - Check the box to enroll for Claim Status and Response to be setup for the ANSI X12N 276/277 transactions. Verify your software vendor supports the 276/277 files before requesting this feature.
 - Check the box for Direct Data Entry Only to request EDI enrollment for FISS/DDE use only.
 - This is only available for Part A providers
 - The FISS Login Request Form is also required

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Type of Request: Existing Submitter ID



- If you are linking to or updating an existing submitter ID:
 - Check the Add to an existing submitter ID box and type the Submitter ID and Submitter ID Name.
 - The Submitter ID and Name must be complete and accurate for the same jurisdiction/contract as the provider being enrolled.
 - Check the Vendor Change box and provide the name of your new billing software vendor if being submitted only to report a change in software vendor.
 - The software vendor must be enrolled with Novitas.
 - Check the Enroll for Claim Status and Response box to be setup for the ANSI X12N 276/277 transactions.
 - Verify your software vendor supports the 276/277 files before requesting this feature.
 - If the only reason for this enrollment form being submitted is to request a change to the Electronic Remittance Advice (ERA) setup, check the box for ERA Change.
 - If the only reason for this enrollment form being submitted is to request the PC-ACE software, check the box for PC-ACE Enrollment Only and provide your existing portal Submitter ID.
 - When selecting this option, also be sure to select Yes from the PC-ACE Enrollment dropdown box on page 2.

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Electronic Remittance Advice (ERA)



Electronic Remittance Advice (ERA)

*Electronic Remittance Advice (ERA): (Required)

ERA will be available on a daily basis, based on claim finalization, and is available for retrieval for 60 days. After 60 days from the ERA creation date, the ERA is no longer available on the telecommunications platform.

- Part A: Paper remittance will continue for thirty- one (31) days after initial enrollment for ERA.
- Part B: Paper remittance will continue for forty-five (45) days after initial enrollment for ERA.

Note: You will no longer receive paper remittances after these time-frames.

Check only one: Please designate the ID for your ERA below. If nothing is selected, existing ERA setup will be maintained. If you are currently receiving paper remittance or are a new enrollment to EDI, an ERA selection must be made below.

Electronic Remittance Advice (ERA). Please select one.

<input type="checkbox"/>	Assign ERA to an existing submitter/receiver ID: <input type="text"/>
<input type="checkbox"/>	Maintain existing ERA setup. (This option cannot be selected if currently receiving paper remittance or if the PTAN is new to EDI.)
<input type="checkbox"/>	Create a new and separate receiver ID for ERA purposes only.
<input type="checkbox"/>	Assign ERA to the new submitter ID being requested with this form (for direct submitter requests only)

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ERA Instructions



- Click the box “Assign ERA to an existing submitter/receiver ID” to have your ERA sent to an existing ID. Type the ID in the block.
- Click the box “Maintain existing ERA setup” if you do not want any changes made to your ERA. This option cannot be selected if you are currently receiving paper remittances.
- Click the box “Create a new and separate receiver ID” to have a new ID created to retrieve your ERA, separate from the submitter ID used to send claims.
- Click the box “Assign ERA to the new Submitter ID being requested with this form” to have your ERA sent to the same new submitter ID listed in the Type of Request block.
- If nothing is selected, your existing remittance setup will be maintained, unless you currently receive paper remittance.

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Maintain Existing Submitter/Receiver ID



Maintain Existing Submitter/Receiver ID

*Maintain Existing Submitter/Receiver ID Setup: (Required for existing customers)

Providers are required to notify Novitas Solutions of all changes to their electronic billing, including billing agents or clearinghouses used by the provider. If the PTAN listed on page one is associated to any other non-Novitasphere Portal submitter or receiver ID(s), Novitas Solutions will remove the other submitter/receiver ID(s) immediately, unless indicated below.

Type the name(s) or submitter/receiver ID(s) to be maintained. All other submitter/receiver IDs will be removed.
Do not enter PTAN/NPIs in this box.

- Type the name(s) or submitter/receiver ID(s) in the box to keep them linked to the provider. All other submitter/receiver IDs will be removed immediately.
 - If you maintain a submitter to finalize any remaining billing, you can fax a request on letterhead to have them removed once billing is completed.
- Novitasphere Portal submitter IDs will be maintained automatically.

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PC-ACE

PC-ACE Enrollment (optional):

PC-ACE Enrollment is only needed if your office will be using the PC-ACE software directly.

When selecting to enroll, you are agreeing to the software terms listed below.

- Novitas Solution, Inc. (Novitas) is authorized to distribute PC-ACE/PRINTLINK/ETRA (herein referred to as the "Program") to authorized users. PC-ACE and PRINTLINK software programs are copyrights of ABILITY. The Program is distributed for the purpose of creating electronic Medicare claim files only. Any use not authorized herein is strictly prohibited, including but not limited to, making copies of any part of the Program, reselling, or transferring copies to any party, or creating any modified or derivative work.
- The Program is provided "as is" without warranty of any kind, either expressed or implied, including but not limited to the implied warranties of merchantability or fitness for particular purpose.
- In no event will Novitas be liable for any loss or damage, including but not limited to incidental or consequential damages, arising out of the use or inability to use the Program even if Novitas has been advised of the possibility of such damages, or for any claim by any other party.
- The authorized user will upgrade this Program within 90 days of upgrade availability. This is a CMS requirement.
- The authorized user will provide the necessary office space, all electrical and telephone connections, hardware, telecommunication software and equipment that adhere to the technical requirements located on our website ([JL](#)) ([JH](#)).
- Internet download is the preferred method of software installation. Internet download instructions will be provided upon processing of this enrollment. There is no fee for software installation via Internet download. To receive the Program in CD-ROM format, visit our website ([JL](#)) ([JH](#)) for ordering instructions. A non-refundable \$100 annual service fee is required. This service fee covers four quarterly PC-ACE releases.

PC-ACE is a **free** software which can be used to create electronic claim files for submission, and to interpret electronic claim reports. Information about PC-ACE can be found on our website ([JH](#))([JL](#)).

- To enroll for PC-ACE, select Yes from the dropdown options

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PC-ACE information



- If a third-party billing service or clearinghouse is submitting your claims, it is not necessary for you to enroll for PC-ACE unless you will also be submitting claims or need it to interpret reports.
- Read the software terms and system requirements carefully before enrolling for PC-ACE.
- PC-ACE does not provide a connection to Novitas. Therefore, you will need to acquire your own SFTP software to connect and send your claims, or you may enroll for Novitasphere Portal by using the Novitasphere Portal Enrollment form (8292P).

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Additional Information



Additional Information

Additional Information: (Optional) Preference for Aggregation of Remittance Data (e.g., Account Number Linkage to Provider Identifier)

Select one from dropdown

- This block is not required.
- Skip or select the appropriate option from the dropdown menu.
The options available are:
 - Provider Tax Identification Number (TIN)
 - National Provider Identifier (NPI)

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Required Signature



*Authorized/Delegated Official Signature Requirements

I certify that I have been appointed an authorized individual to whom the provider has granted the legal authority to enroll it in the Medicare Program, to make changes and/or updates to the provider's status in the Medicare Program (e.g., new practice locations, change of address, etc.), and to commit the provider to abide by the laws, regulations, and the program instructions of Medicare. I authorize the above listed entities to communicate electronically with Novitas Solutions on my behalf.

By signing below, the provider confirms they have read and agree to the Agreement, the Attestation, and the above signature requirements.

*The Authorized Official signing this form should be an AUTHORIZED OR DELEGATED OFFICIAL that was listed on the Medicare Enrollment Application (CMS-855).

*Required Signature

*Written Signature of Person Submitting Enrollment (add after you print the form)	*Date
<input type="text"/>	<input type="text"/>
*Printed Name of Person Submitting Enrollment	*Printed Title of Person Submitting Enrollment:
<input type="text"/>	<input type="text"/>

Complete form, print, sign, date, and fax (recommended), OR mail all pages to:

JL: Novitas Solutions, Inc. - EDI - PO Box 3011, Mechanicsburg, PA 17055-1801

JH: Novitas Solutions, Inc. - EDI - PO Box 3093, Mechanicsburg, PA 17055-1811

OR Fax: 1 (877) 439-5479

Allow 10 business days for processing. Please do not send duplicate forms.

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Required Signature and Submission Instructions



- Read the full agreement, attestation, and authorized official signature requirements.
- Review the entire form to verify the information provided is accurate and complete.
- Type the date the form was signed. The date must be a full month, day and year.
- Type the printed name of the person signing the form.
- Type the professional title of the person signing the form.
- Print the form.
- Sign in the written signature block with a black or blue ink pen.
- Fax the form to 1-877-439-5479 or mail to the address provided.
- Watch for your response email for next steps. Allow 10 business days for processing.

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JL References



- JL EDI Enrollment form page, including Top Return reasons
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004532>
- JL Approved 5010 Vendor List
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004527>
- JL Network Service Vendor List
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004536>
- PECOS
 - <https://pecos.cms.hhs.gov/pecos/login.do>

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JH References



- JH EDI Enrollment form page, including Top Return Reasons
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004532>
- JH Approved 5010 Vendor List
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004528>
- JH Network Service Vendor List
 - <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004536>
- PECOS
 - <https://pecos.cms.hhs.gov/pecos/login.do>

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