

**EDI Centralized
Mass
Immunizer Billing
Packet**

**Published June 2013
Updated January 2021**

**EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER
PACKET**



Part B

MEDICARE PART B

EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER PACKET

This packet is designed to provide centralized mass immunizer billers with all the necessary information to submit claims electronically to Novitas Solutions, Inc.

This packet describes the enrollment process for EDI billing once the CMS-855 has been processed and the entity is approved for billing.

If you have any questions regarding the information contained in this packet, please contact Novitas Solutions at (855) 252-8782, Option 3 for EDI.

MEDICARE PART B

**EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER
PACKET**

Table of Contents

New EDI Provider Enrollment 5

 Novitas Solutions EDI Enrollment form..... 5

 Approved Vendors 6

 ABILITY | PC-ACE..... 7

ANSI 5010 Requirements for Centralized MASS Immunizer -Billers..... 7

SmartXfr™ Telecommunications..... 8

 Connecting to SmartXfr™ 8

 Sending via Novitasphere 8

Contacting EDI 8

New EDI Provider Enrollment

Novitas Solutions EDI Enrollment form

All new providers *must* complete an EDI Enrollment form (8292 or 8292P) to enroll in EDI. The EDI Enrollment form can be completed online, then printed, signed and dated prior to submission. Forms may be submitted to us by mail or fax for processing. You should keep a copy of the EDI Enrollment form for your records, and in the event any corrections need to be made.

The [EDI Enrollment form \(8292\)](#) and [EDI Portal Enrollment form \(8292P\)](#) can be found on the [JH Enrollment form page](#) of the EDI Center. All fields marked with an * are required. Please read the Top Return Reasons and How to Avoid a Return to ensure correct completion of your form and reduce delays in billing due to form returns. Detailed instructions for completing the forms can be found here:

- 8292:
http://www.novitassolutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00024714

MEDICARE PART B

EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER PACKET

- 8292P:
<https://www.novitassolutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00165901>

The Authorized Official or Delegated Official as listed on the CMS-855 should sign the form. Stamped signatures cannot be accepted.

If you have any questions when completing the form, please contact an EDI Analyst at 1-855252-8782, Option 3 or 1-855-880-8424 for Novitasphere.

Completed forms may be mailed or faxed to EDI Services at the following:

Mailing Address

Novitas Solutions, Inc – EDI
P.O. Box 3093
Mechanicsburg, PA 17055-1811

Fax:

(877) 439-5479

Once the EDI Enrollment form has been received, the documents will be reviewed for processing. Normal processing time is 5-10 business days. If an email address is included on the enrollment form, a courtesy confirmation email will be sent once the form has been processed.

After processing, a letter will be sent to the submitter address as notification to begin filing claims electronically. If you are submitting claims directly to Novitas Solutions, your Submitter ID, as well as Login ID will be contained in this letter, and are integral to setting up your claims transmission. **If you submit through a billing service or clearinghouse, the letter will be sent to them.**

If there are errors on the enrollment form, an email indicating the required corrections will be sent to the contact person's email address as provided on the form, or to the mailing address listed on the form, if no email is available.

Approved Vendors

A list of [approved](#) billing software vendors, billing services and clearinghouses is available for customers who need software or wish to contract with a billing service or clearinghouse for claims submission. Offices may use an in-house software, but will be required to test their software prior to sending production files. Details of the testing process and requirements can be found in the [5010 Companion Guides](#).

MEDICARE PART B

EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER PACKET

ABILITY | PC-ACE

The ABILITY | PC-ACE software program is an effective and easy-to-use system for entering Medicare claims. PC-ACE offers the ability to key all claim data prior to establishing a connection with Novitas Solutions. The program is free to download, or a CDROM version may be purchased. Roster billing of influenza, pneumococcal, and COVID-19 vaccines is available using this program. Find more details about [PC-ACE](#) on our website.

ANSI 5010 Requirements for Centralized Mass Immunizers Billers

Central flu billers must use the ANSI 5010 837 Implementation Guide. The implementation guide can be found on the Washington Publishing Company Web site at <https://nex12.org>. In addition to the required segments listed in the implementation guide, Figure 1 defines the ANSI 5010 segment requirements that must be used for central flu billers.

ANSI Segment	Field Requirements
ISA05	Use qualifier of “ZZ.”
ISA07	Use qualifier of “ZZ.”
ISA08	Payor ID “04412”
2010AA/NM108 Qualifier XX 2010AA/NM109=NPI	You must enter the National Provider Identifier (NPI) number in the NM109. (The NPI number must be a valid 10-digit number.)
2300/REF01 =P4 2300/REF02=39	Demonstration Project Qualifier Demonstration Reference Identifier
2310C/NM1 NM101=77 NM102=2 NM108=XX	Name of facility where services were rendered Enter the NPI. (This must be a valid NPI number.)
NM109= NPI	
2310C/N3	Street address of facility where services were rendered
2310C/N401	City where services were rendered
2310C/N402	State where services were rendered
2310C/N403	ZIP code where services were rendered

**EDI CENTRALIZED MASS IMMUNIZER BILLING ROSTER
PACKET**

SmartXfr™ Telecommunications

Connecting to SmartXfr™

Detailed instructions for setting up SmartXfr™, transmitting files and retrieving reports can be found in the [SmartXfr™ Connectivity Guide](#) found on the [EDI Center](#) of our Web site. This document will also provide information on report naming conventions, and provides steps to troubleshoot connection issues. Please also read the [5010 Companion Guides](#) prior to your first claim submission. The 5010 Companion Guides give detailed information on using SmartXfr™ and what to expect from your EDI billing.

New EDI submitters must login to the SmartXfr™ telecommunications server within 60 days of receiving the login ID. If a new EDI submitter does not login within 60 days, **the login ID will expire.** Once expired, the password will need to be reset by EDI Services. To request the password reset, call the EDI Help Desk at 1-855-252-8782, Option 3 and provide your full name, telephone number, Provider Transaction Access Number (PTAN), submitter ID, and login ID.

Sending via Novitasphere

Novitasphere is an internet-based portal used by submitters to send and receive files. Enrollment in Novitasphere and IDM is necessary in order to send claims via Novitasphere. For more information on Novitasphere, access the [Novitasphere Homepage](#) on the Novitas Solutions Web site. Once enrolled, Central Flu Billers should use their claims entry software such as PC-ACE to create their claims or roster. The steps below should be followed to submit the claims/roster to Novitas Solutions:

- Access Novitasphere and log in
- Click Claim Submission/ERA
- Click File Submission
- Click Browse to locate your claim file
- Click Upload

Determine the status of the file within a few minutes by checking the reports in the File Status And Reports option. More information about the Electronic reports is available in the [5010 Companion Guides](#).

Contacting EDI

Centralized Mass Immunizer Billers with billing questions are encouraged to call an EDI Analyst at 1-855-252-8782, Option 3. You may also find answers to your questions on our [EDI Center](#).