

Instructions for Completing the EDI Enrollment form

8292

UPDATED:07/24/2021

Who should complete this form?



- Part A or Part B providers should complete the EDI Enrollment form to enroll for EDI billing or to make changes in their EDI setup.
 - http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004540
- 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.

For instructional purposes only

Where can I locate these forms?



- In addition to the links on the previous slide, the Enrollment form can be located on our website, www.novitas-solutions.com. After choosing your Jurisdiction and type of business (A/B), you can click “Electronic Billing – EDI” on the left navigation bar. You will then select “EDI Enrollment Forms” at the top of the EDI Center.

For instructional purposes only

Completing the EDI Enrollment form (8292)



- Please carefully review the following block-by-block instructions for successfully completing the EDI Enrollment form. Note, the following slides are for instructional purposes only, and cannot be completed and submitted for enrollment.
- Please note, this is a fill and print form that can be completed online, then printed before submitting.

For instructional purposes only

Block A – Contract Information



Complete Block A with the contract information that applies to the provider for whom you are completing the form.

A *Contract/State (required): *Line of Business: Part A (Institutional) Part B (Professional)

- Select appropriate contract from the dropdown.
- Check the box to indicate if you are Part A or B.
- **Top Return Reasons for Block A:**
 - Section A is incomplete.

For instructional purposes only

Block B – Provider Information



Complete Block B with your provider information.

B ***PROVIDER INFORMATION (Required)** *(Must match the name for the Group/Billing Provider on file with Medicare as reported on the CMS-855 Enrollment form)*

*PROVIDER NAME

*STREET

*CITY *STATE/Province *ZIP CODE/Postal Code

*CONTACT *TELEPHONE # Ext. FAX #

*EMAIL ADDRESS FOR LISTSERV AND ENROLLMENT RESPONSE

*Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN)

Complete using your billing/group PTAN. *Provider Transaction Access Number (PTAN)

*National Provider Identifier (NPI)

The PTAN/NPI reported above should **NOT** be the Group **MEMBER** PTAN/NPI. 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.

For instructional purposes only

Block B – Continued



- Type the Provider Name
 - The provider name indicated must match what was reported to Novitas on the CMS-855 Enrollment form.
 - Providers linked to a group practice should enroll as a group, and complete the group name in this field.
 - Please spell out names completely, without abbreviations.
- Type the practice mailing address, including suite/building numbers/levels.
- 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 email address of the contact person.

For instructional purposes only

Block B – TIN/EIN, PTAN, and NPI



- Type the Provider Federal Tax ID Number (TIN) or Employer ID Number (EIN), Provider Transaction Access Number (PTAN), and National Provider Identifier (NPI).
 - Type the TIN or EIN of the provider for whom you are completing this form.
 - Type the PTAN of the provider for whom you are completing this form.
 - 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.
 - Type the NPI of the provider for whom you are completing this form. The PTAN, NPI and TIN/EIN are required and must match the number on file at Medicare.
 - The billing PTAN/NPI should be reported, not the rendering physician.

For instructional purposes only

Block B – Group PTAN and NPI



- It is important to enter the group information properly on the form to avoid form returns.
- Type the group's Provider Transaction Access Number (PTAN) in the PTAN field and the group's National Provider Identifier (NPI) in the NPI field.
- The numbers will be 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

For instructional purposes only

Block B – Top Return Reasons



- **Top Return Reasons for Block B:**
 - Missing provider name.
 - Name does not match what is on file with Novitas
 - Missing part of the provider name.
 - Missing Contact Person name.
 - Individual or group member PTAN and/or NPI reported.
 - PTAN and NPI are not linked.
 - End dated PTAN that cannot be set up for electronic billing.
 - PTAN/NPI reported do not match the name of the provider in Block B.
 - Missing PTAN, NPI and/or TIN/EIN.

For instructional purposes only

Block C – Request Type



Complete Block C to indicate your request.

C Reason for submission: New Enrollment Change Enrollment

***REQUEST TYPE: (Required)** (Requests will be processed for the PTAN provided above in the most recent HIPAA-compliant format/version.)

New Submitter ID Requests:

Assign this provider a new electronic billing submitter ID. Name of billing software vendor: _____

Enroll for Claim Status and Response

Direct Data Entry Only (DDE) (Part A only) FISS Logon Request Form also Required: [\(JL\)](#) [\(JH\)](#)

Existing Submitter ID Requests:

Add to existing submitter ID: _____ Submitter ID Name: _____

Vendor Change-*no additional requests should be selected in this block.* Name of billing software vendor: _____

Enroll for Claim Status and Response (for direct submitters only) ERA Change

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 in Section 8 [\(JL\)](#) [\(JH\)](#). Refer to the Web instructions for more information on this requirement.

- Select if this submission is for a New EDI Enrollment, or Change to an existing EDI set-up (optional), then you must select one of the below request types.

For instructional purposes only

Block C – New Submitter ID Requests



New Submitter ID Requests:

- Assign this provider a new electronic billing submitter ID. Name of billing software vendor:
- Enroll for Claim Status and Response
- Direct Data Entry Only (DDE) (Part A only) FISS Logon Request Form also Required: ([JL](#)) ([JH](#))

- To request a new submitter ID:
 - Check the box to Assign a new electronic billing submitter ID, and type the Software Vendor name in the block.
- To request Claim Status and Response (or the 276/277 transaction), direct submitters should select this box only if your software provides this option.
- To request Direct Data Entry (DDE – Part A Only), select this box. You must also complete the FISS Login Request Form to obtain access.

For instructional purposes only

Block C – Existing Submitter ID Requests



Existing Submitter ID Requests:

Add to existing submitter ID: _____ Submitter ID Name: _____

Vendor Change-*no additional requests should be selected in this block.* Name of billing software vendor: _____

Enroll for Claim Status and Response (for direct submitters only) ERA Change

- To link to an existing submitter ID:
 - Check the box to Add to an existing submitter ID, and type the Submitter ID name in the block
- To change the Vendor on file for your existing submitter ID:
 - Check the box for Vendor Change, and type the Software Vendor name in the block. Your software vendor must be on our Approved Vendor list, or they must enroll using our EDI Third Party Enrollment form before you can complete your EDI Enrollment form.
- To request Claim Status and Response (or the 276/277 transaction), direct submitters should select this box only if your software provides this option.
- To request an ERA change, select this box.

For instructional purposes only

Block C – Top Return Reasons



- **Top Return Reasons for Block C:**
 - Missing Submitter ID.
 - Missing Submitter Name.
 - Submitter ID does not match Submitter Name.
 - ERA Change checked and Section D not completed.
 - Missing name of software vendor.
 - Software vendor not approved software vendor.
 - Cannot link a Part A submitter to a Part B PTAN.
 - Cannot link a Part B submitter to a Part A PTAN.
 - Submitter ID in Block C not set up for 837 claim submission.

For instructional purposes only

Block D – Electronic Remittance Advice (ERA)



Complete Block D with your ERA designation.

D *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.** For Part A customers, the paper remittance will continue for thirty-one (31) days after initial enrollment for ERA. For Part B customers, the paper remittance will continue for forty-five (45) days after initial enrollment for ERA. **You will no longer receive paper remittances after these time-frames.** Designate the ID the ERA should be sent to by selecting one of the options 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. **Check only one:**

Create a new and separate receiver ID for ERA purposes only.

Assign ERA to the new submitter ID being requested in block C of this form.

Assign ERA to an existing submitter/receiver ID:

Maintain existing ERA setup. (This option cannot be selected if currently receiving paper remittance.)

- Click “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 “Assign ERA to the new Submitter ID requested in Block C” to have your ERA sent to the same new submitter ID listed in Block C.
- Click “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 “Maintain existing ERA set-up” if you do not want any changes made to your ERA. This option cannot be selected if you are currently receiving paper remittances.
- If nothing is selected, your existing remittance setup will be maintained, unless you currently receive paper remittance.

For instructional purposes only

Block D – Continued



- **Top Return Reasons for Block D:**
 - Invalid submitter/receiver ID number.
 - Submitter/receiver number reported is not set up for ERA.
 - PTAN contract (payer ID) and submitter/receiver contract do not match.
 - Customer requested to maintain existing setup, but is currently receiving paper remittances.

For instructional purposes only

Block E – Maintain Existing Submitter/Receiver ID Setup



Complete Block E to designate if there are existing submitter/receiver ID(s) you wish to remain linked to.

E *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 above 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 names(s) or submitter/receiver ID numbers(s) in the box to have these remain associated to this 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.
- Please note, Novitasphere Portal submitter IDs will be maintained automatically.

For instructional purposes only

Block F – Enroll for PC-ACE



Only customers enrolling for PC-ACE should complete Block F.

- 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.
 - [JL: http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004595](http://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00004595)
 - [JH: http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004595](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00004595)

F PC-ACE ENROLLMENT (Optional)	(R10-19)
<input type="checkbox"/> ENROLL FOR PC-ACE	
When checking the box to enroll, you are agreeing to the software terms listed below	
SOFTWARE TERMS:	
<ul style="list-style-type: none">• Novitas Solutions, 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.	

For instructional purposes only

Block F - Continued



- NOTE: If a third-party billing service or clearinghouse is submitting the claims, it is not necessary for the provider to check the PC-ACE option on the 8292P unless the provider office will also be submitting claims.
- Read the software terms carefully before completing the forms.
- Please note, PC-ACE does not provide a telecommunications piece, 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).

For instructional purposes only

Block G – Additional Information



Complete Block G with your preference for Aggregation of Remittance Data. This block is not required.

G **ADDITIONAL INFORMATION (Optional)**

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

Provider Tax Identification Number (TIN) National Provider Identifier (NPI)

- Complete with your preference.

For instructional purposes only

Authorized/Delegated Official Signature Section



The provider's authorized or delegated official that was listed on the CMS-855 should complete this section with their printed name and title, then print, sign, and date the form. If you are unsure who [your authorized or delegated official\(s\) on file are, this information can be verified in the Provider Enrollment Chain and Ownership System \(PECOS\). This information can be located in the "Managing Control" section.](#) More information about PECOS can be found on the [CMS PECOS Info site](#).

- The date must be a full month, day, and year.

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).

* WRITTEN SIGNATURE OF PERSON SUBMITTING ENROLLMENT <i>(add after you print the form)</i>	* DATE <i>(add after you print the form)</i>
* PRINTED NAME OF PERSON SUBMITTING ENROLLMENT	* PRINTED TITLE OF PERSON SUBMITTING ENROLLMENT

For instructional purposes only

Signature Section – Continued



- **Top Return Reasons for Signature Section:**
 - Invalid signature. Typed signatures with any style font and stamped signatures are not accepted.
 - Missing Signature
 - Missing Printed Name
 - Missing Title
 - Missing Date

For instructional purposes only

Form Submission



- Once you have completed your form, you may fax to 1-877-439-5479 or mail to the address at the bottom of page 3.
- Please allow 5-10 business days for processing. Once your form has been approved, a confirmation email will be sent to the contact person listed on the form. An EDI Welcome letter will be sent to the Submitter address if a new submitter ID has been created, or if no valid email address is listed on the form.
- If there is missing/incorrect information on your form, we will send an email containing the return reasons to the contact person listed. If no email is available, the form and reasons for return will be sent via mail.

For instructional purposes only

Additional Tips:



- Our Top Return Reasons are updated quarterly on our website. Please review this information before completing your form to avoid returns.
- 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.

For instructional purposes only

References JL



- 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>

For instructional purposes only

References JH



- 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>

For instructional purposes only