Instructions for completing the EDI Enrollment form - 8292

Part A and Part B providers should complete the Electronic Data Interchange (EDI) Enrollment form 8292 to enroll for electronic billing or to make changes in their existing electronic billing 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.

Completing the EDI Enrollment form (8292)

* Carefully review the following block-by- block instructions for successfully completing the EDI Enrollment form.
* This web page is 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.

General information



* 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)

Provider information



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.



* 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.

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 by submitting the [EDI Enrollment Affiliated Provider List](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName%3A00268106) with the EDI Enrollment form.
* Type the [group] National Provider Identifier (NPI).
* Type the Provider Federal Tax ID Number (TIN) or Employer ID Number (EIN).

Type of request



* 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
* 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.

Electronic remittance advice (ERA)



* 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.

Maintain existing submitter/receiver ID



* 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.

PC-ACE



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.
* 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).

Additional information



* 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)

Required signature



* 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.

Submission instructions

* 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.