



Common Electronic Data Interchange Claims Portal Enrollment

Enroll to use the CEDI Claims Portal (CCP)

This option is for suppliers who want to obtain, update or reactivate a Trading Partner ID to exchange transactions with CEDI either through Direct Data Entry or File Submission using an approved software vendor using the web-based system. This option does **not** require a Network Service Vendor.

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I am a CEDI Claims Portal User

Select "CEDI Claims Portal User".

CEDI Claims Portal User

Select this option if you wish to utilize the CEDI Claims Portal (CCP) and need to:

- Obtain a new Trading Partner ID
- Update a Trading Partner ID
- Add a CEDI Claims Portal user to your Trading Partner ID
- Add transactions to a Trading Partner ID
- Reactivate an inactive Trading Partner ID

The CEDI Claims Portal will allow you to submit electronic claims directly without the need for a Network Service Vendor.

Click Next.

What type of form would you like to complete?

Select "I want to obtain, update or reactivate a CEDI Claims Portal User ID and/or Trading Partner ID".

I want to obtain, update or reactivate a CEDI Claims Portal User ID and/or Trading Partner ID

Select this option if you want to create a new Trading Partner ID, a new User ID, or if you already have one and need to make changes.

Click Next.



CEDI Registration Form

Supplier Information

Supplier Information	
Supplier Name*	
Street Address*	
City*	
State*	ZIP Code*
User First Name*	User Last Name*
Title*	
Email*	
Verify Email*	
Phone Number*	Extension

❗ Complete all fields marked with *

Supplier Name

The Supplier Name must match the Legal Business Name, including punctuation, exactly as it is on file with PECOS.

To verify the Supplier/Provider name, please contact the NPEAST at 1-866-520-5193 or NPWEST at 1-866-238-9652 or access PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>.

Street Address, City, State, and ZIP Code

This is the physical location/business address for supplier.

User First Name, User Last Name, and Title

This is the person who will be using the CEDI Claims Portal for direct claim entry and submission. The person listed here will be assigned a user ID to log into the CEDI Claims Portal.



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The title field should have the person's title at the company.

Each CEDI Claims Portal user must complete a form to receive their own unique user ID. CEDI Claims Portal users must not share user IDs, and/or passwords.

Email

The email address entered in this field will be used by CEDI Enrollment to send communication regarding the enrollment packet. Please be sure to use an email address that is frequently checked.

Phone Number

The phone number entered in this field should be for the primary contact and may be used for communication regarding the enrollment packet.

NPI/PTAN(s) Information

NPI(s)/PTAN(s) Information
 You can enroll up to 25 NPI(s)/PTAN(s) on this form.

Complete all fields marked with *

Adding NPIs and PTANs

There are two (2) options for adding NPIs and PTANs.

- **Enter NPI/PTAN** - Manually enter the NPI and PTAN in the NPI and PTAN fields. Select the "Add" button to add them to the form. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.
- **Upload an NPI/PTAN File** - Follow the instructions to download, enter, and upload a file with all your NPI/PTANs listed. Up to 25 NPI/PTAN combinations may be added to your enrollment packet.

If you enter multiple NPIs/PTANs, they must have the same Supplier Name in PECOS and match what is entered on the form.

Note: If an NPI and PTAN combination is added and then needs to be removed from the form, select the Remove icon to remove it from the list.

NPI

This is the National Provider Identifier (NPI).

- The NPI is a ten (10) digit number.



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- To apply for an NPI, you must contact the National Plan and Provider Enumeration System (NPPES) at 800-465-3203 or visit them online at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- New third party billers (Billing Services and Clearinghouses) who are requesting a Trading Partner ID will enter "0000000000" (ten zeros).

PTAN

This is the unique Medicare Durable Medical Equipment (DME) supplier number assigned by the National Provider Enrollment Eastern Region (NPEAST) or Western Region (NPWEST).

- The PTAN is a ten (10) digit number
- It can be referred to as the following:
 - Supplier or Provider number
 - Medicare DME number

If you are unsure what this number is or need more information about receiving this number, please contact either the NPEAST or the NPWEST:

For NPEAST, verify this information at 866-520-5193 or visit their website at <https://www.novitas-solutions.com>.

For NPWEST, verify this information at 866-238-9652 or visit their website at <https://www.palmettogba.com>.

Note: New third party billers (Billing Services and Clearinghouses) who are requesting a Trading Partner ID will enter "0000000000" (ten zeros).

What Transactions will you Authorize for this Submitter?

What Transactions will you Authorize for this Submitter?	
Claim Submission - Direct Claim Entry Send Medicare claims using direct data entry (DDE) on the CEDI Claims Portal.	Claim Submission - File Submission Send ASC X12 837 Medicare claims as a batch file submission using the CEDI Claims Portal. This option will also provide access to the Direct Claim Entry option.
Payment Remittance Advice Receive an Electronic Remittance Advice (ERA) ASC X12 835 file.	

❗ Complete all fields marked with *

Transactions

The following transaction options are available to exchange with the CEDI Claims Portal.

- Claim Submission: Direct Claim Entry
Select this transaction if the CEDI Claims Portal User will be sending electronic health care claims to CEDI using the Direct Data Entry.
- Claim Submission: File Submission



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Select this transaction if the CEDI Claims Portal User will be sending electronic health care claims to CEDI in the X12 837 Professional format without the use of a Network Service Vendor.

- **Payment Remittance Advice: Health Care Payment/Advice (835 v5010A1)**

Select this transaction if the CEDI Claims Portal User will be receiving Electronic Remittance Advice (ERA) in the X12 835 format instead of a standard paper remittance advice.

- **NOTE:** Once the 835 Health Care Claim Payment/Advice transaction is set up, you will not be able to return to paper remittances.

Select the type of transactions on the form you are planning to send and/or receive.

Trading Partner Information

Trading Partner Information

Action*

! Complete all fields marked with *

Action

- Select **New Trading Partner ID**
 - Request a new Trading Partner ID.
- Select **Update Trading Partner ID**
 - Updating or adding transactions to your CEDI Claims Portal (CCP) User ID.
 - Adding a CCP User ID
 - Adding an additional CCP User ID

A field will then be provided for your Trading Partner ID.

- Select **Reactivate Trading Partner ID**
 - Reactivate your own inactive Trading Partner ID.

A field will then be provided for your Trading Partner ID.

NOTE: The Trading Partner ID cannot belong to or be used by a Clearinghouse or Billing Service.

Trading Partner ID*

Software Vendor*

! Complete all fields marked with *



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Trading Partner ID

A Trading Partner ID is assigned by CEDI and is used to log in and exchange electronic transactions with CEDI (e.g., 837 claims, 835 ERAs, 276/277 claims status and responses, or NCPDP claims). This is also referred to as a Submitter ID.

Valid Trading Partner IDs will only start with the letters A, B, C, or D; followed by the numbers "08" and then six additional numbers.

Examples of a valid Trading Partner ID format include:

- A08123456
- B08123456
- C08123456
- D08123456

Software Vendor

This is the name of the software vendor you plan to use when creating X12 837P claim files to be uploaded via the File Submission module.

This field will be auto-populated with "CEDI Claims Portal" if the Claim Submission – File Submission transaction is not selected.

You can locate CEDI approved software vendors on the CEDI website under [Approved Entities List](#) or contact your software vendor for this information.

PC-ACE is the HIPAA compliant software available at no cost from CEDI for creating X12 claims to be submitted to CEDI. Select PC-ACE from the drop-down list if you would like to download and use this software to create your Durable Medical Equipment (DME) claims.

Note: The PC-ACE software will not be sent to you. It is available as a free download at the following link: <https://www.ngscedi.com/pcace>

If your software vendor is not listed, please verify they are approved with CEDI and then select the "Other" option. You will then be able to enter their contact information. If the software vendor is not an approved CEDI entity, the enrollment packet will be rejected.



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Authorized Signature

DME Authorized Supplier Signature First Name*	DME Authorized Supplier Signature Last Name*
DME Supplier Title*	
Date 2023-11-17	

! Complete all fields marked with *

DME Authorized Supplier Signature First Name and Last Name

The authorized or delegated official will enter their name in the first and last name fields. Enter the name exactly as it appears in PECOS including punctuation. Please do not use initials or nicknames.

PECOS can be accessed at <https://pecos.cms.hhs.gov/pecos/login.do> to verify how the authorized or delegated official's name is listed.

Important: Clearinghouses, Billing Services and/or other Third Party Entities are NOT ALLOWED to sign enrollment forms and must not submit them on behalf of the supplier.

DME Supplier Title

Enter the title for the authorized or delegated official.

CEDI ERA Information

If the Payment Remittance Advice transaction is requested and the NPI/PTAN does not currently have a CEDI ERA Enrollment Form on file, some additional information will be required to complete your enrollment packet.

Electronic Remittance Advice Information

Electronic Remittance Advice Information	
Doing Business As Name (DBA)	
Provider Identifiers * ☐ Employer Identification Number ☐ Provider Federal Tax Identification Number	
Electronic Remittance Advice Information Preference for Aggregation of Remittance Data. (e.g. Account Number Linkage to Provider Identifier)	
NPI or Tax ID*	
ERA Effective Date*	

! Complete all fields marked with *



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Provider Identifiers

Select either the Federal Tax Identification Number (TIN) or the Employer Identification Number (EIN).

a. Provider Federal Tax Identification Number (TIN)

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

b. Employer Identification Number (EIN ID)

An Employer Identification Number (EIN) is also known as a federal tax identification number and is used to identify a business entity.

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

This is the provider preference for grouping (bulking) claim payment remittance advice and must match the preference for EFT payment. This is intended to collect associated numbers (i.e. Tax ID, NPI, TIN, etc.) to enable bundling of ERA receiving entities.

Please note the information in this section will not be validated and is the provider's responsibility for ensuring the information supplied in this section matches the data they supply for their EFT notices.

Select either Provider TIN or NPI from the drop down list.

a. Provider Federal Tax Identification Number (TIN)

A Taxpayer Identification Number (TIN) is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws. It is issued either by the Social Security Administration (SSA) or by the IRS.

b. National Provider Identifier (NPI)

The NPI is a unique identification number for covered healthcare providers.

Requested ERA Effective Date?

This is the date that the provider will receive only electronic remittance advice. The provider will receive both paper and electronic remittances until the selected date. Providers must select a date within 45 days of the date the form is submitted.

Submitting the Packet

Click the Submit button to submit your enrollment request to CEDI for processing. Once your packet is submitted, a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. This completes the submission process. You will be given the options to Print This Packet, Finish and Exit, or Start New Packet.

- a. Print This Packet – This would be for your own reference and the only opportunity to print the packet. The packet is not faxed to CEDI for processing.
- b. Finish and Exit – This will return you to the CEDI Home page.



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- c. Start New Packet – If you wish to submit more than one (1) enrollment packet, this will return you to the beginning of the Guided Enrollment Process to enter information for your next packet.

The PID for your submitted packet will be emailed to your email address submitted on the enrollment packet.

Tracking My Enrollment Packet and Checking Status

Once your packet is submitted (See the section on Submitting the Packet), a confirmation message is displayed on the screen with the assigned Packet ID (PID) number. The PID will be sent to the email address provided on the enrollment packet. It will also be listed on the printed packet if you choose to print the packet for your reference. **Note:** The enrollment packet is **NOT** faxed to CEDI for processing.

The PID number can be used to check the status of the packet through the online CEDI Enrollment Status Tool 24 hours a day, 7 days a week. The Enrollment Status Tool is available on the CEDI website <https://www.ngscedi.com> under [Self-Service Tools](#). Status can be checked using the PID or the NPI, PTAN, and date of the online submission. More detailed instructions are provided on the CEDI website.