

Medicare New York Part A 837 (Institutional)

EDI Enrollment Instructions:

- The billing provider must have an EDInsight customer account.
- The billing provider must be credentialed with Medicare and have an assigned Medicare PTAN. The Medicare PTAN will be needed to submit this request.
- EDI enrollment processing timeframe is approximately 10 days.
- Support Vendors may contact the EDInsight Enrollment Team or call Medicare at (888) 379-9132 to follow up on the EDI setup request. The Enrollment Team will need the PTAN to assist with follow up. Please see instructions to "Take Action on the Enrollment record" which includes entering the PTAN to the note on the enrollment record.

837 Claims Transactions:

- Navigate to the payer's website at www.ngsmedicare.com.
 - If you already have a login, enter your User ID and Password to continue.
 - If you do not have a login, go to the left side of the screen under **"Access NGS Medicare,"** select **"Part A"** then **"New York."**
- Under the **"Resources"** tab, select **"EDI Enrollment"** and then click **"Start Enrollment Process."** Accept the Attestation.
- Under **"Entry Process Questions,"** choose **"I need to complete a Registration Form"** and click **"Next."**
 - Choose **"Clearinghouse"** as **"Method of Electronic Submission"** and then choose **"ZirMed, Inc."** from the **"Approved Entities list."**
- Under **"Clearinghouse Contact Information,"** enter the following information:
 - Contact First Name - Tori
 - Contact Last Name - Hall
 - E-mail – enrollment@zirmed.com
- Under the **"General Information"** section, enter the Provider's information and the contact information for an individual who is authorized to receive EDI information from this payer.
 - Select **"13201 – JK Part A NY"** as the Contractor Code.
- Under **"PTAN/NPI Information,"** enter the provider's NPI and PTAN. If the provider/facility physical name and address is different than the information entered in the previous step, also enter the provider's physical address information, and click **"Next."**
- Choose **"Setup or change your setup for sending claims electronically"** and click **"Submit."**
- If prompted with an EDI Enrollment Agreement Form page, read and check the boxes under the **"Terms and Conditions"** and enter the provider's or authorized official's name and title, then click **"Electronically Sign."**

- Complete all sections of the EDI Registration Form.
 - Under **“Section 1: Action,”** choose **“Link to Third Party”** and enter Trading Partner ID **CHAN75147**. Check the box for **“ASC X12 837 Claim”** if not already checked.
 - Confirm the information pre-populated under Sections II, III, and IV.
 - If the information is correct, read and check the boxes under the **“Terms and Conditions”** and enter the provider’s or authorized official’s name and title and click **“Electronically Sign.”**
- After the enrollment has been submitted, a confirmation message will appear that includes an assigned Packet ID (PID). You can print the packet or click **“Finish and Exit.”** Please make note of your assigned PID.

Within EDInsight- Enrollment Manager-

Take Action on the enrollment record and add note with details of submission.

LOGON to EDInsight- Enrollment Manager

ADD or SELECT payer enrollment record for the payer, Medicare New York Part A (13201/IMNY0).

CLICK [**ADD Action Taken**], Select **WEBENROLL “Enrolled on Payer website”**

ENTER Note to indicate...*Online enrollment submitted on MM/DD/YYYY for PTAN # _____.*

(Please be sure to include the Medicare Provider # (aka PTAN #) entered on the online request for the billing provider.

The PTAN will be needed in order for PI Enrollment to follow up or make inquires regarding the status of the EDI enrollment request.)