



WHICH FORMS SHOULD I COMPLETE?

Create a support case by sending an email:

To: payerenrollment@officeally.com

Subject: Medicare A & B NPI Enrollment Request

Body: Provider NPI(s) and ProviderName(s)

This will create a support case and generate an email that will be sent from Office Ally Support (casesupport@officeally.com) that contains the case number.

WHAT IS THE TURNAROUND TIME?

- Standard Processing Time is 1-3 business days

HOW DO I CHECK THE STATUS?

- Reply to the Office Ally Support (casesupport@officeally.com) email that was received upon case creation.
- Please allow up to 3 business days for the request to be completed prior to asking for the status.

HOW DO I KNOW IF I NEED TO ENROLL MY NPI(S)?

For Office Ally web portal products (Service Center, Practice Mate, EHR 24/7):

If you receive any of the following responses after submitting an Eligibility & Benefit request to Medicare A & B, please follow the instructions above:

- Payer Response/Transaction Error: **Authorization/Access Restrictions (41)**
- Payer Response/Transaction Error: **Invalid/Missing Provider Identification (43)**
- Payer Response/Transaction Error: **Provider Ineligible for Inquiries (50)**
- Payer Response/Transaction Error: **Provider Not on File (51)**

The screenshot shows the Office Ally web portal interface. At the top, there is a navigation bar with 'Dashboard > Eligibility & Benefits History > Eligibility & Benefits Response'. The Office Ally logo is on the right, along with 'Print Response', 'New Search', and 'Edit Search' options. Below the navigation bar, the payer is identified as 'Medicare A & B' with a red 'Unsuccessful Response' button. The 'Your Search' section displays search criteria: Subscriber Name (Mickey Mouse), Member ID (1EG4TESMK73), Subscriber Date of Birth (9/30/1929), Subscriber Gender (Male), and Dates of Service (9/1/2023 - 9/1/2023). The 'Payer Response' section shows a 'Transaction ID: 318281938-20230919' and a 'Transaction Errors' box. The error message is 'Payer Error Response Invalid/Missing Provider Identification (43)' with a red arrow pointing to it. The follow-up action is 'Please Correct and Resubmit (C)'.

For Realtime EDI Submitters (sending/receiving X12 270/271):

If you receive any of the following AAA03 error codes on the Eligibility & Benefit response (271) after submitting an Eligibility & Benefit request (270) to Medicare A & B, please follow the instructions above:

Loop	AAA01	AAA03	AAA04	Example
2100B	N	41	C	AAA*N**41*C~
2100B	N	43	C	AAA*N**43*C~
2100B	N	50	C	AAA*N**50*C~
2100B	N	51	C	AAA*N**51*C~