

Electronic Billing Newsletter

First Coast Service Options, Inc. A/B MAC Electronic Billing Newsletter

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This **Electronic Billing Newsletter** is published by First Coast Service Options Inc's Electronic Data Interchange (EDI) department for the electronic billing providers, vendors, billing services, and clearinghouses. This bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff.

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PC-ACE and SPOT

SPOT is a free online portal with many [benefits](#) including a connection for submitting electronic claim files. PC-ACE is free software for creating electronic Medicare claim files. Combining SPOT with PC-ACE provides a no-cost solution for billing your Medicare claims electronically.

Learn more about SPOT and PC-ACE by reviewing the resources available on our website:

- [SPOT registration information](#)
- [SPOT User Guide](#)
- [PC-ACE getting started information](#)
- [PC-ACE software using SPOT](#)



Enrolling for SPOT is the first step to getting started with this no-cost solution. Carefully follow the [enrollment instructions](#) and be sure to select the option to request PC-ACE software on the enrollment form.

PC-ACE Version 7.0 Upgrade

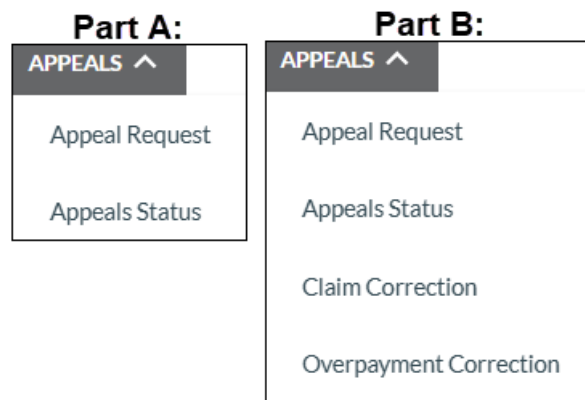
To provide the most up-to-date information, the PC-ACE electronic claim file creation software is updated quarterly. The most current upgrade was released **April 6, 2026**, and is available via internet download from the [PC-ACE upgrade/installation instructions page](#). Please take time to read the instructions and **upgrade now**. CMS requires you to upgrade within 90 days. Therefore, this upgrade should be installed **no later than June 30th**.

IMPORTANT: An installation password is required. This password was provided in your EDI PC-ACE approval letter. If you do not have this password, please contact the EDI Help Desk. When calling, be prepared to provide your submitter ID.

SPOT Feature Highlight

Appeals

The appeal features in SPOT provide the ability to submit appeal requests, check appeal status, correct Part B claims, view appeal development letters, and obtain copies of Medicare redetermination notices.



The appeal request feature allows various actions based on the claim details. Action options include initial redetermination requests, level two reconsideration requests, additional documentation submission, and decision letter downloads. Remember, these action options are based on claim details – if the option is not showing or not available, it is not applicable to the claim you are reviewing.

This smart technology allows SPOT to assist you with determining what action is needed when an error is found with a claim. Some errors can be corrected and the claim reopened, some need to be corrected and then the claim needs to be resubmitted, and others require an appeal request (first or second level). The appeal request and claim status features in SPOT will only allow access to the action icons that apply to the claim.

Detailed instructions and screen images of this feature are available in the [SPOT User Guide](#). If you are not yet experiencing the many benefits of SPOT, visit our website for information on [How to register for SPOT](#) and begin the enrollment process today

A Top Ten Electronic Billing Errors – Part A

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:562:128:85	This Claim is rejected for a relational field in error within the Billing Provider's National Provider Identifier (NPI) and Billing Provider's Tax ID.	Only submit the Tax ID that is registered with the billing NPI.
A7:453	Claim rejected due to duplicate procedure code modifiers on the same detail service line	Only submit the modifier once on a claim.
A7:164:IL	This Claim is rejected for containing Invalid Information within the Subscriber's contract/member number.	Verify the Subscriber's Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A8:496:85	Claim rejected for relational field in error. Submitter not approved for electronic claim submissions on behalf of the Billing Provider.	Verify the provider's NPI is registered with the Submitter ID prior to submitting claims.
A7:500:286:PR	This Claim is rejected for Invalid Information within the Other payer's Explanation of Benefits/payment information's Postal/Zip Code.	Verify the Other payer's Zip Code before submitting the claims.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.
A3:121	This Claim is rejected for the Service line number greater than maximum allowable for payer.	Verify the number of Service lines does not exceed 449.
A7:480:PR	Claim rejected for invalid information in the Other Carrier Claim filing indicator.	The Claim Filing Indicator for the other insurance cannot be MA.
A7:164:IL:188	This Claim is rejected for containing Invalid Subscriber's contract/member number per the Social Security Number Removal Initiative (SSNRI) transition period.	Verify the Subscriber's Medicare Beneficiary ID (MBI) is valid and entered correctly on the claim.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.

B Top Ten Electronic Billing Errors – Part B

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:562:128:85	This Claim is rejected for relational field in the Billing Provider's NPI (National Provider ID) and Tax ID.	Only submit the Tax ID that is registered with the billing NPI.
A7:562:82	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	Verify the rendering NPI is correct and a member of the group NPI.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
A7:164:IL	This Claim is rejected for Invalid Information for a Subscriber's contract/member number.	Verify the Subscriber's Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A8:562:128:85	This Claim is rejected for a relational field in error within the Billing Provider's National Provider Identifier (NPI) and Billing Provider's Tax ID.	Only submit the Tax ID that is registered with the billing NPI.
A7:562:85	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID).	Verify the Billing provider's NPI is correct prior to submitting claims.
A7:732:464	This Claim is rejected for Invalid Information within the Payer Assigned Claim Control Number Information submitted inconsistent with billing guidelines.	Verify that the Payer Claim Control Number in 2300.REF with REF01=F8 is not present.
A7:535	This Claim is rejected for Invalid Information within the Claim Frequency Code.	Verify that Loop 2300 CLM05-3 is a '1'. Medicare only accepts original claims.
A7:507	This Claim is rejected for relational field Information within the Healthcare Common Procedure Coding System (HCPCS)	Verify the HCPCS code prior to submitting the claim.
A7:500:IL	This Claim is rejected for Invalid Information for the Subscriber's Postal/Zip Code	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank.

Subscribe to our Email Lists

Join our email lists to receive the latest Medicare information FCSO, delivered directly to your email inbox. This is important for all electronic billers to stay updated on any changes related to Electronic Data Interchange (EDI) and the SPOT portal.



Signing up is simple:

1. Navigate to medicare.fcso.com and scroll down to the home pager footer.
2. Click the "Subscribe to eNews" button in the left column.
3. Enter your email, NPI, and select all appropriate mailing lists. We encourage all EDI billers to subscribe to the Part A and B Electronic data interchange (EDI) list.
4. Click Submit.

You can manage your subscription from any email you receive through this mailing list. Simply click on the "**Manage your Subscription**" link at the bottom of the message.

Contact Us

We are available at the times and numbers shown below. Please contact us with any questions related to information in this newsletter. Be prepared to provide your Provider Transaction Access Number (PTAN), National Provider Identifier (NPI) and Tax ID when calling.

JN EDI Help Desk

1-855-416-4199

Monday-Friday, 8 a.m. – 5 p.m. ET/CT

SPOT Help Desk

1-888-670-0940

Monday-Friday, 8 a.m. – 5 p.m. ET/CT

Website Contact Information: [FCSO EDI Contact information](#) [SPOT: Contact information](#)

Thank you for reading our newsletter!
