FIRST COAST SERVICE OPTIONS

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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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Getting EDI Help Faster

Need help with your electronic billing setup or transaction details? Before contacting the EDI Help Desk, try the available self-service tools. Many common EDI issues can be resolved online, saving you time and helping you get answers faster.

- **SPOT** - Access claim status, eligibility, remittance, and more.
- **SPOT Password Reset** – helpful information to assist with your SPOT access.
- **ERA Reload Request** - Request ERA files.
- **EDI Gateway Password Change** - Update your EDI/TIBCO Gateway password.
- **HETS Eligibility Tool** - Complete HETS eligibility attestations.

If you still need assistance, review Contacting EDI and SPOT Customer Help Desks to determine the correct support team for your issue. Before calling, have your Submitter ID or Trading Partner ID, NPI/PTAN, error messages, date and time the issue occurred, and any troubleshooting steps already completed available. For file-related inquiries, be prepared to provide the file name and submission or retrieval date.

A few minutes of preparation can help you get the support you need faster.



SPOT Feature Highlight

Claims

The Claims menu in SPOT includes much more than claim status. Claim status is the most frequently used feature, but other helpful features are available here too. The claim summary, medical review (MR) claims, and provider data summary (PDS) features are also valuable portal resources.

- **Claim status** – this popular feature offers the most up to date status of claims as early as two business days after being submitted electronically. Claim status also offers direct links to the claim status summary and appeal options available for each Part B claim. This makes it quick and easy to submit correction requests when needed.
- **Claim summary and PDS** – these features provide summary data. Claims summary provides a nice snapshot of different claim counts for your organization. The PDS report allows a comparison of billing patterns with similar provider/facility types to help identify billing patterns and potential concerns.
- **MR claims** – this is where you can find the case number, claim number, education details, and the additional documentation request (ADR) letter for any claims pending a medical review. The ADR letter available through this feature provides an electronic file of the letter required when submitting an ADR response.

Detailed instructions and screen images for each of these features are available in the SPOT User Guide – Section 5. If you are not familiar with SPOT, it is our free online portal for providers, billing services, and clearinghouses. To request access, visit our website for information on How to register for SPOT.

PC-ACE Version 7.2 Upgrade

The PC-ACE software program is an effective and easy-to-use system for creating electronic Medicare claim files. 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 **October 5, 2026** and is available via internet download from the PC-ACE upgrade/installation instructions page. All existing PC-ACE users should **take time to upgrade now.** CMS requires you to upgrade within 90 days. Therefore, this upgrade should be installed **no later than December 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.

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.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:164: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.
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.
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.
A7:500:GB	This Claim is rejected for Invalid Information within the Other Insured's Postal/Zip Code.	Verify the zip code for the other insured prior to submitting.
A8:306	This Claim is rejected for a relational field in error for Service(s) Rendered.	Not Otherwise Classified (NOC) procedure codes require a detailed description of the service. NOC drug codes require the name and dosage of the drug. Enter the description in the 2400 SV202-7.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.

Top Ten Electronic Billing Errors – Part B

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:496:85	This Claim is rejected for relational field due to Billing Provider's submitter not approved for electronic claim submissions on behalf of this Billing Provider.	Verify the provider's NPI is registered with the Submitter ID prior to submitting claims.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
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.
A8:306	Relational field in error within the Detailed Description of Service	Report a procedure code description in 2400.SV101-7 when 2400.SV101-2 is present on the table of procedure codes that require a description.
A7:500:IL	Invalid information within the Subscriber 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	**SPOT Help Desk**
1-855-416-4199	1-888-670-0940
Monday-Friday, 8 a.m. – 5 p.m. ET/CT	Monday-Friday, 8 a.m. – 5 p.m. ET/CT

Website Contact Information: FCSO EDI Contact information SPOT: Contact information

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Thank you for reading our newsletter!
