FIRST COAST SERVICE OPTIONS

Electronic Billing Newsletter

First Coast Service Options, Inc. A/B MAC Electronic Billing Newsletter November 2025

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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.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Eligibility IVR elimination

Effective December 1, the option to obtain patient eligibility information from the Interactive Voice Response (IVR) telephone system is being eliminated. Access to patient eligibility information will only be available in the SPOT portal. Effective dates will be communicated as they are scheduled. See the last page of this newsletter for details on subscribing to the email list.

If you are not currently enrolled for SPOT, we encourage you to submit the SPOT enrollment form today. Visit our website for information on How to register for SPOT. Please carefully follow all enrollment instructions provided as any incorrect or missing information will extend this processing timeframe.

If you are currently enrolled for SPOT, please begin using SPOT today for all patient eligibility requests.

SPOT Feature Highlights

Retrieve Documents

The Retrieve Documents feature is a helpful feature that provides electronic copies of various Medicare documents. The documents available include 1099 reports, overpayment demand letters, appeals development letters, redetermination notices, and remittance advices. Part B providers can also retrieve a comparative billing report and claim correction confirmations in this feature.

- **1099 reports** – this is a tax document mailed annually from Novitas. The 1099 is available here in response to a 1099 request submitted through the SPOT Retrieve Documents feature.
- **Overpayment demand letters** – this option provides an electronic copy of letters sent from First Coast to recoup a refund when an overpayment was issued.
- **Appeals development letters** – this provides an electronic copy of the letters sent from First Coast when requesting additional information on an appeal request.
- **Redetermination notices** – this is also known as an e-MRN (Medicare Redetermination Notice). It is the document providing the decision of an appeal request.
- **Remittance advices** – this is a reader-friendly report with claim processing details like the standard paper remittance (SPR) that was previously mailed.

Detailed instructions and screen images of this feature are available in the SPOT User Guide, Section 9. This is just one of many useful features available in SPOT. 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.

Claim Submission/ERA

The Claim Submission/ERA feature provides the ability to submit electronic claim files and retrieve the response reports. The electronic claim files must first be created in the American National Standards Institute (ANSI) X12 837 format using the PC-ACE software program or any of our approved 5010 vendors.

This feature can also be used to retrieve the ANSI X12 835 Electronic Remittance Advice (ERA) file. This file can often be used to auto-post claim payments into various office management programs. The ERA file will only be available through SPOT if it is requested during the enrollment process.

Detailed instructions and screen images of all features are available in the SPOT User Guide, Section 7.

Software Updates

PC-ACE Version 6.8 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 **October 6, 2025,** 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 December 31st**.

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.

PC Print Update

PC Print is free software for Part A electronic billing providers to view and print the electronic remittance advice file (ERA). To keep the software current, routine updates are released. The most recent version was made available in October.

Additional information about this software and the download instructions are avaialble on our Introduction to PC Print web page.

MREP Update

Medicare Remit Easy Print (MREP) is free software for Part B electronic billing providers to view and print the electronic remittance advice file (ERA).

To help understand remittance details, MREP includes the Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) lists. These lists are published by the Washington Publishing Company and updated at least three times a year.

The most recent RARC and CARC files were made available in October. Each office using the MREP software must import the updated codes file to keep their codes current. Complete this update today by following the "How to Update (Import) the CARC/RARC codes" instructions in the MREP User Guide.

For more information, visit our Medicare remit easy print (MREP) web page.

Top Ten Electronic Billing Errors – Part A

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
A7:521	This claim is rejected for invalid information in the Adjustment Reason Code.	Valid Claim Adjustment Group/Reason Code combination required.
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.
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.
A7:164: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.
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.
A7:455	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.
A7:507	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.

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.
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.
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.
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.
A7:732:464	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	This Claim is rejected for relational field Information 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	This Claim is rejected for containing Invalid Information within 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.

Information needed when calling EDI:
- Provider Transaction Access Number (PTAN)
- National Provider Identifier (NPI)
- Last five digits of the organization’s Tax ID

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!