

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.

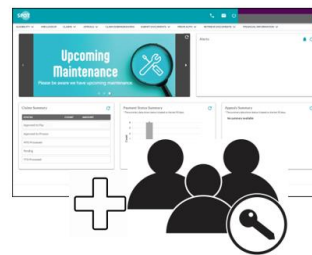
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A B SPOT Adding SPOT users

As your office begins to implement more of the [great features and uses](#) for SPOT, you may need to add more users.



Access can be setup for new users quickly with these steps:

1. The new user must access their own IDM account – by either signing in to their existing account or creating one if they are not currently registered with IDM and [request the SPOT End User role](#) for the organization.
2. The office approver or backup approver must [approve the request \(page 38\)](#).

If your office is 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 B PC-ACE Version 6.9 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 **January 5, 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 April 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 Highlights

Financial Info

The Financial Information feature in SPOT allows you to review payment status, lookup financial/document control numbers (FCNs/DCNs), review overpayment details, and access account receivable information.

- Payment status will provide a list of check numbers with the amount, check status, date issued, and date cashed. There is also a convenient quick-click icon to easily view/request the remittance advice.
- The DCN/FCN lookup feature provides the patient account number and date of service for a particular DCN or FCN.
- Demand Letter/Overpayment Details provides the ability to view and print overpayment demand letters and the corresponding financial details. AR details can also be accessed directly from the demand letter page.
- The AR details feature gives the beneficiary and claim information related to account receivables by directly searching for the claim number or AR transaction number.

Detailed instructions and screen images of this feature are available in the [SPOT User Guide, Section 10](#). 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

SPOT Prior Auth feature changes

Prior Auth is now found on the top navigation bar in SPOT. This category includes Prior Authorization Requests, Prepay Ambulatory Surgical Center (ASC), and Prepay Review Additional Documentation Requests (ADR).

A new prior authorization type option has also added to the Prior Authorization Request feature. Ambulatory Surgical Center prior authorization requests can now be submitted through SPOT. The hospital outpatient department (HOPD) and non-emergent ambulance (RSNAT) request types that were previously located under the SPOT Submit Documents category are still options on the Prior Auth type dropdown.

Two new features were added to SPOT in the Prior Auth category. The Prepay ASC feature allows ASCs participating in the Prior Authorization demonstration to respond to Additional Documentation Requests (ADR) through SPOT. And the new Prepay Review ADR feature allows ASCs to view and download ADRs.

The [SPOT User Guide](#) was updated to document these changes. The new Prior Auth category is now [Section 9](#) and all remaining section numbers were changed.

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.
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.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.
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.
A7:732:560:HK	Claim Returned as unprocessable. Information submitted inconsistent with billing guidelines in the Subscriber Additional/Secondary Identifier.	2010BA.REF with REF01 = "SY" must not be present.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:41:286:732	This claim is rejected for line level adjustments being present when Medicare is the Primary Payer.	Do not submit line level adjustment information when Medicare is the Primary Payer
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.

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.
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.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:512:476	This Claim is rejected for Invalid Information submitted inconsistent with billing guidelines for the Service Unit or Basis for Measurement Code.	Verify the Unit of Measurement code prior to submitting the claim. Minutes can only be submitted for anesthesia 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	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.

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!
