FIRST COAST SERVICE OPTIONS

Electronic Billing Newsletter

First Coast Service Options, Inc. A/B MAC Electronic Billing Newsletter August 2026

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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.

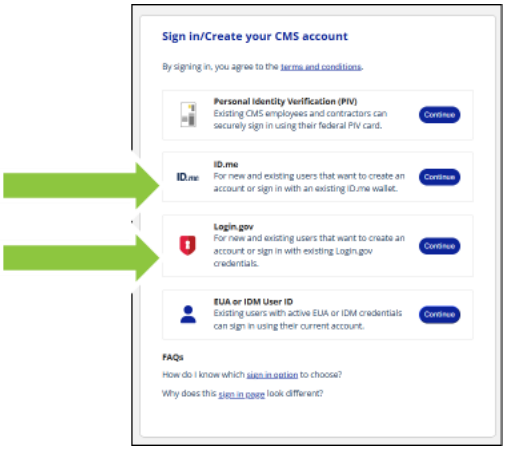
CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

SPOT NEW USER ACCOUNT creation process changes

SPOT is a free online portal with many benefits including eligibility, appeals, and claim status. Currently, new Novitasphere accounts are currented in the CMS Enterprise Identity Management (IDM) system.

CMS recently announced two new identity management options to the IDM system: **Login.gov and ID.me**. These organizations are entrusted by CMS and authorized to create, validate, and manage digital identities. Adding these options is a step toward making the secure access process more modern, more flexible, and more user-friendly.

The new options can be seen today when signing in to IDM. At this time, new users should select the last option to continue using IDM for creating new accounts. However, **new users will soon be instructed to select either the Login.gov or the ID.me option to create a new account.**



No changes are required for existing users. Thank you for your continued partnership as CMS works to improve the enterprise authentication experience.

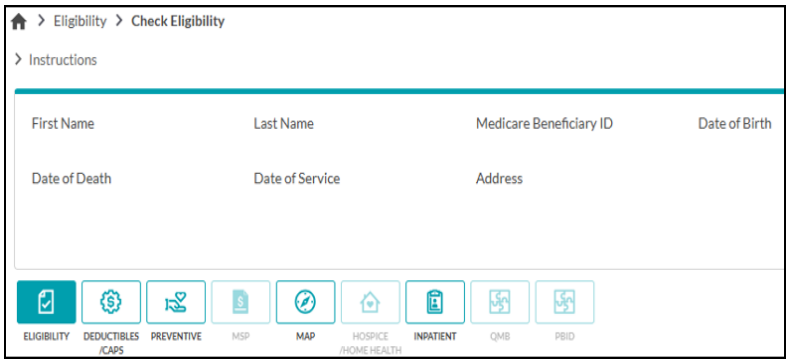
SPOT Feature Highlight

Eligibility

The Eligibility feature in SPOT provides real-time Medicare-related beneficiary information directly from the HIPAA Eligibility Transaction System (HETS). Use this feature to obtain your patient's Medicare plan effective date, remaining deductible amount, coinsurance percentages, preventive service dates, and much more.

The Eligibility feature's information is organized into the following sections:

- Eligibility
- Deductibles/Caps
- Preventive
- Medicare Secondary Payer (MSP)
- Medicare Advantage Plan (MAP)
- Hospice / Home Health
- Inpatient
- Qualified Medicare Beneficiary (QMB)
- Part B Immunosuppressant Drug Benefit (PBID)



All SPOT users have access to this feature and HETS attestation is not required. Details and screen images are available in the SPOT User Guide, Section 3.

ADRs in SPOT

When a claim is selected for medical review, an Additional Documentation Request (ADR) is issued to obtain supporting medical records and verify that payment is appropriate. The ADR letter is mailed to the provider's address on file with Medicare and outlines the specific documentation required as well as the submission deadline. Per CMS guidelines, providers must respond within 45 days of the ADR date.

SPOT has several features to assist with the medical review ADR process. The **Claims > Medical Review Claims** feature provides the ADR details and a PDF version of the letter. Then access the **Submit Documents > Medical Records/ADRs** feature to submit the requested documentation. Lastly, you may use the **Submit Documents > Submission History** feature to check status of Medical Review Submission.

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.

PC-ACE version 7.1 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 **July 6, 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 September 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.

Portal enrollment form tips

Portal enrollment forms are required to initially enroll new organizations for SPOT and to make certain changes. The form is only needed once for each organization and affiliated providers can be set up using the EDI Enrollment Affiliated Provider List.

Below are tips to complete the SPOT enrollment form correctly:

1. Verify the enrollment form is needed. These forms are only needed once per organization unless making certain account updates. Please do not send duplicate forms.
2. Complete the correct form and follow the detailed instructions for each block.
    - Providers: 8292P instructions
    - Billing Services and Clearinghouses: 8291P instructions
3. Use the group information for provider offices. The Provider Name, Tax ID (TIN/EIN), National Provider Identifier (NPI), and the Provider Transaction Access Number (PTAN) provided must all match the number on file at Medicare for the group.
4. Complete the Electronic Remittance Advice (ERA) block carefully. ERA is required and can only be set up to go to one location. If a provider office is already setup for ERA and does not want that to be changed, the option to maintain existing ERA setup must be selected.
5. Provide an original signature of the authorized or delegated official. Billing service representatives may not sign the provider form. Typed signatures with any style font, stamped signatures or signature images are not accepted. If electronically signing, the date and time that the form was signed must show within the electronic signature.

Following these tips will help you gain access to SPOT as smoothly and quickly as possible. Any errors on the form will result in the form needing resubmitted with corrections.

Experience faster, simpler, and secure interactions with Medicare through SPOT – our FREE online portal for providers, billing services, and clearinghouses. If your office is not enrolled yet, visit our website for information on How to register for SPOT and unlock the benefits of streamlined workflows today.

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.
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 containing Invalid Information within the Subscriber's contract/member number.	Verify the Subscriber's Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A7:480: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.
A8:306	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.
A7:521	This claim is rejected for invalid information in the Adjustment Reason Code.	Valid Claim Adjustment Group/Reason Code combination required.
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.
A7:455	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
A8:562:128:85	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.
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.
A7:694:519:GB	This Claim is rejected for Invalid Information within Other Insured's Adjustment Amount must not be equal to zero	Verify amounts in the Other Insured Adjustment Amount field is not zero.
A7:400:583:643	This Claim is rejected for Invalid Information within the Line Item Charge Amount and Service Line Paid Amount Claim is out of balance	Verify the Line Item Charge Amounts are equal to or greater than the Service Line Paid Amount.

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!
