

Electronic Billing Newsletter

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

February 2025



Obtain Eligibility Information from SPOT

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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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Eligibility is currently available in SPOT and the First Coast Interactive Voice Response (IVR) telephone system. We **strongly encourage** you to begin using SPOT to obtain all beneficiary eligibility information. Obtaining eligibility information via the IVR will not be available in the future and some MACs have already begun to disable this IVR option.

The SPOT Eligibility feature connects with the CMS HIPAA Eligibility Transaction System (HETS) for the most up-to-date beneficiary information. SPOT eligibility information is available 24 hours a day, 7 days a week, excluding holidays and maintenance periods. Once you are signed in to the SPOT portal, the Eligibility feature is the first menu on the home page.

Select Eligibility and then enter the Beneficiary First Name, Beneficiary Last Name, Medicare Beneficiary ID or Beneficiary Date of Birth, and the Date(s) of Service in the search fields. Search results will be populated into categories: Eligibility, Deductibles/Caps, Preventive, Medicare Secondary Payer (MSP), Medicare Advantage Plan (MAP), Hospice/Home Health, Inpatient, Qualified Medicare Beneficiary (QMB) and Part B Immunosuppressant Drug Benefit (PBID).



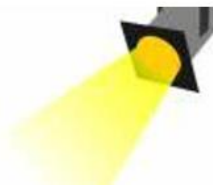
Click any available category icon to view the related information. [Section 3](#) of the SPOT User Guide provides detailed information and screen images of the eligibility data available in SPOT.

Please begin to use SPOT to obtain beneficiary eligibility information rather than the IVR today. Each staff member responsible for obtaining eligibility information will need their own SPOT account. To setup additional user access, view the [SPOT End User Instructions](#).

If your office does not currently have access, we encourage you to enroll today. Visit our website for information on [How to register for SPOT](#).



SPOT Feature Highlight: PROVIDER DATA SUMMARY



The Provider Data Summary (PDS) feature is available for Part A and Part B portal users. This feature provides a report that offers a detailed comparison of a provider's billing patterns with similar facility types in the same geographic area within a specified time frame. This report can help offices identify recurring billing issues using detailed data analysis.

The PDS report provides two tabs of information: claims summary and claims outcome summary. The claims summary tab contains the comparative data for finalized claims of the provider and the provider's peer group. The claim outcome summary tab contains a list of different code types that impacted the provider's claims and the number of claims impacted.

Current SPOT users are encouraged to explore this PDS feature with your next visit to SPOT. Refer to the [SPOT User Guide: Section 5 - Claims](#), to view the screens and full details of this new feature.



HETS Rules of Behavior

CMS would like to remind Medicare HETS 270/271 Submitters to review the [HIPAA Eligibility Transaction System \(HETS\) Rules of Behavior](#). HETS is for enrolled Medicare Fee-for-Service (FFS) health care providers and suppliers with a FFS electronic data interchange enrollment to submit Medicare claims to a Medicare Administrative Contractor. Submitters may not use HETS to verify eligibility or coverage for Medicare Advantage (Part C) or Medicare drug (Part D) plans. For Part C, please submit your eligibility inquiry to the Plan and for Part D, please use E1.

Any violations of the HETS Rules of Behavior may result in the possible suspension of your organization's Submitter ID, placement of your organization on a corrective action plan, or a referral of your organization for investigation. Your organization could be subject to penalties, including civil or criminal actions. Please contact the MCARE Help Desk at 1-866-32-7315 if you have questions.



PC-ACE Version 6.5 Upgrade

PC-ACE is a free software program that enables electronic billing for both Medicare Part A and Part B claims in a Health Insurance Portability and Accountability Act (HIPAA)-compliant format. To provide the most up-to-date information, PC-ACE is updated quarterly. The most current upgrade was released **January 6, 2025** and is available via internet download from the [PC-ACE release notes webpage](#). **Please take time to upgrade now.** CMS requires you to upgrade within 90 days. Therefore, this upgrade should be installed **no later than March 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.

A Top Ten Electronic Billing Errors – Part A

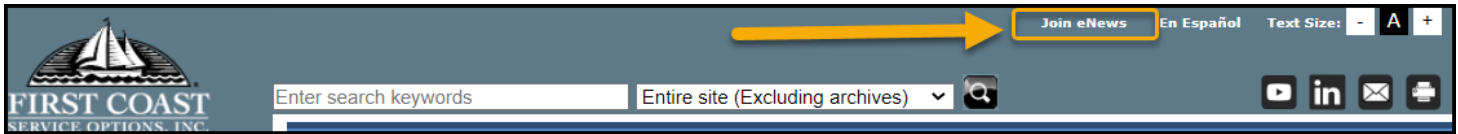
Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A7:164:IL	This Claim is rejected for containing Invalid Information within the Subscriber's contract/member number.	Verify the Subscriber's Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A8:496:85	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. When sending EDI Enrollment forms to change submitters, list any existing submitters in the Maintain Existing Submitter/Receiver ID Setup block that still have claims to submit on your behalf. Failure to maintain existing submitters will result in claim rejections.
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.
A8:306	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 SV101-7.
A7:507	This Claim is rejected for Invalid Information within the Healthcare Common Procedure Coding System (HCPCS).	
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.
A7:500:GB	This Claim is rejected for Invalid Information within the Other Insured's Postal/Zip Code.	Verify the Other Insured's Zip Code is correct and matches the City/State reported.
A7:697:476	Claim rejected for the line service units having invalid decimal precision.	

B 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. When sending EDI Enrollment forms to change submitters, list any existing submitters in the Maintain Existing Submitter/Receiver ID Setup block that still have claims to submit on your behalf. Failure to maintain existing submitters will result in claim rejections.
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 (NM109.020)	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 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.
A8:562:128:85	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.
A7:562:85	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.
A7:164:IL (NM109.030)	This Claim is rejected for containing Invalid Information within the Subscriber's contract/member number per the claim effective date.	Verify the Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A8:306	This Claim is rejected for relational field Information within the Detailed description of service	Verify that a description is present when a non-specific procedure code is reported.

Subscribe to our Email Lists

Do you want to be the first to be notified about changes related to Electronic Data Interchange (EDI), SPOT announcements, and the EDI Newsletter? Join our email lists for the latest Medicare broadcasts from FCSO, delivered directly to your email inbox.



Signing up is simple:

1. Navigate to medicare.fcso.com.
2. Click the "Join eNews" link in the upper right.
3. Enter your email and NPI.
4. Select all appropriate mailing lists. We encourage all EDI billers to subscribe to the Electronic Data Interchange list.
5. 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.

Information Needed When Calling EDI

To ensure the privacy of our customer's protected information, we must verify certain criteria with every telephone call. When you call EDI Services or the SPOT Help Desk, please be sure to have your Provider Transaction Access Number (PTAN), National Provider Identifier (NPI), and the last five digits of the organization's Tax ID. Having all this information readily available will allow for us to assist with your inquiry more quickly and efficiently.

Contact Us

We are available at the times and numbers shown below. Please contact us with any questions related to information in this newsletter.

JN EDI Help Desk

1-888-670-0940

Monday-Friday, 8 a.m. – 5 p.m. ET/CT

SPOT Help Desk

1-855-416-4199

Monday-Friday, 8 a.m. – 5 p.m. ET/CT



Website Contact Information

[FCSO EDI Contact information](#)

[SPOT: Contact information](#)
medicare.fcso.com

Thank you for reading our newsletter!
