

Electronic Billing Newsletter

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

November 2024



Inside this issue

- 1- Keep your EDI and Portal Billing Setup Accurate
- 2- Claim Counts in Electronic Files
- 2- PC-ACE Upgrade
- 3- Download EDI Acknowledgement Reports
- 4- Top Ten Errors – Part A
- 5- Top Ten Errors – Part B
- 6- Subscribe to our Email Lists
- 6- Information Needed When Calling EDI
- 6- Contact Us

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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Keep your EDI and Portal Billing Setup Accurate!

Did you know providers are required to notify First Coast Service Options of all changes made to their electronic billing setup? This notification of change includes initiating a new contract or terminating an existing contract with a clearinghouse or billing service. It is important to keep your EDI and Portal profile up to date and accurate so that third parties that you are no longer contracted with do not maintain access to your protected Medicare data. There are two easy ways to keep your EDI or Portal billing profile up to date and accurate.

1. The maintain block on the EDI and Portal Enrollment forms

Providers should utilize this block if they need to maintain an EDI or Portal Submitter ID for a period of time. For example: If you are transitioning from one billing service to another and the contract dates with the billing services overlap. The provider would submit an enrollment form to link the new billing service to their Provider Transaction Access Number (PTAN) and would also key the Submitter ID for the outgoing billing service in the maintain block. This will allow the outgoing billing service to remain linked to the Provider's PTAN and will enable them to complete the billing for their contracted time. If the contract dates are not overlapping, the provider should leave the maintain block BLANK. First Coast will link the new Billing service and will remove the outgoing billing service or clearinghouse.

2. Request the update on Company Letterhead

Providers always have the option to fax a request on company letterhead to have an outgoing billing service / clearinghouse removed. For example: If you maintained a submitter to finalize any remaining billing and the entity should no longer be linked, fax us a request on your company letter head requesting the removal. The letterhead should contain the following:

- Group or Solo PTAN and National Provider Identifier (NPI)
- Tax ID
- Explanation of the request including Submitter ID
- Signature and Printed Name
- Title
- Date of signature

Claim Counts in Electronic Files

First Coast Service Options has system limitations which control the size of the transmission they can receive. These system limitations are meant to help the translator to process the claims quicker.

Some submitters may have the capability to transmit larger files with thousands of claims contained in them. First Coast recommends that submitters limit the size of the transaction to a maximum of 5,000 claims per file.

Submitters also should be aware that sending large amounts of files with single claims causes delays in processing of the claims. Submitters should batch claims being sent daily into one file for submission.

PC-ACE Version 6.4 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 within PC-ACE, the software program is updated quarterly. The most current upgrade, which is PC-ACE version 6.4, was released **October 7, 2024.**

To streamline the distribution process for software program upgrades, the PC-ACE software program is available via internet download from the [PC-ACE release notes webpage](#). **Please take time to upgrade now.** The Centers for Medicare & Medicaid Services (CMS) requires you to use the most current version of the software program and to eliminate the use of prior versions within 90 days of receipt of this notification. Therefore, please install this software as soon as possible, but **no later than December 1st**, which is the required upgrade compliance date.



IMPORTANT: An installation password is required to install or upgrade the PC-ACE software. This password was provided in your EDI PC-ACE approval letter. If you do not have this letter, please contact the EDI Help Desk. The password is needed for each quarterly upgrade or new installation; therefore, please keep it in a safe place where it is readily available.



Download EDI Acknowledgement Reports

First Coast Service Options EDI generates multiple electronic reports to assist you in easily tracking your Medicare electronic claims. These EDI reports represent different rejection levels and are available to you as quickly as possible. The sooner you are aware of any errors, the sooner you can correct and resubmit your claims for processing and payment consideration.

Make it a routine to download these reports daily, as they are only available for 60 days. Claims rejected on the electronic reports (TA1, 999, and 277CA) will not be sent on for processing and payment consideration and will not be available for review in claim status tools or the Interactive Voice Response (IVR). Those rejected claims must be corrected and resubmitted.

Failure to download these reports will keep you from correcting, resubmitting claims timely, and are subject to failing timely filing limits if not corrected in time.

Submitters that do not download reports will also cause delays in the Medicare systems as large files remain in the mailboxes.

A Top Ten Electronic Billing Errors – Part A

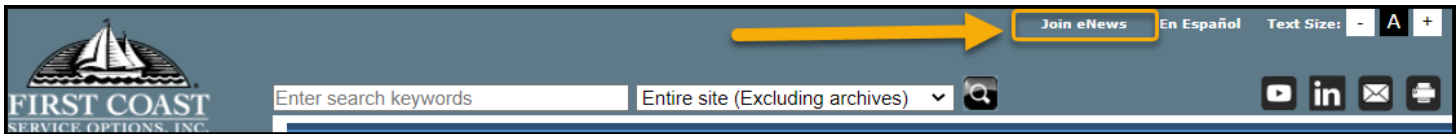
Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:496:85	Claim Rejected for relational field in error. Submitter not approved for electronic claim submissions on behalf of the Billing Provider.	Verify the provider's NPI is registered with the Submitter ID 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.
A7:164: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 entered correctly on the claim.
A7:500:IL	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	Verify the Subscriber's Zip Code is correct and matches the City/State reported.
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.
A7:500: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.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.

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.
A7:21:153:PR:153:40	This Claim is rejected for Invalid Information for a Missing or Invalid Information with the Payer's ID Number and Receiver's ID Number.	Verify the Payer ID number prior to submitting the claim.
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.
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.
A7:164: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.
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.
A7:507	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.
A6:745:562:82	The Claim is rejected for Missing Information for a Rendering Provider's Identifier Qualifier and Rendering Provider's National Provider Identifier (NPI).	Verify that for a group practice the NPI is reported for the rendering physician.
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.

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!
