

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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Dental claims

First Coast is now able to accept Part B dental claims in the 837D electronic claims format. These files may be submitted by dental providers or billing services and clearinghouses after being enrolled for 837D and passing the 837D test file requirements.

Details for dental claims are available at:

- [First Coast dental services](#)
- [Medicare Dental Coverage | CMS](#)
- [837D Dental Claim Edits](#)



Updated EDI enrollment forms

The EDI enrollment forms have been updated with various improvements and to add a new Dental Claims section. The new dental section should be left blank unless you will be sending electronic dental claims.

Always complete our EDI enrollment forms directly on the www.medicare.fcso.com website before submitting them to us. The updated forms have a revision date of R2-23 and any **older versions will be rejected as of August 25.**

Reactivating SPOT accounts

SPOT requires all users to access the portal at least once every thirty (30) days. When attempting to sign in after being inactive for 30 days or more, you will receive a message explaining that you are considered inactive. To reactive your account:

1. Click the Reset Password link in the message received when trying to access SPOT or go directly to IDM.gov and sign in.
2. Select My Profile from the IDM home page.
3. Select Change Password.
4. Enter the current password, a new password, and confirm the new password.
5. Select Change Password.

Once complete, go back to <http://thespot.fcso.com/portal> and sign in.

Change Healthcare (CHC) providers must bill electronically

Earlier this year, Change Healthcare (CHC) experienced a cybersecurity incident that disrupted the ability to submit electronic claims for many providers. CHC coordinated with Optum and has since restored their customers' ability to electronically bill Medicare.

CONNECTION RESTORED!
RESUME electronic billing
DISCONTINUE paper billing

Since the ability to bill electronically is now restored, we are no longer accepting ASCA requests or paper claim approvals related to the CHC cybersecurity incident. If you were approved to submit paper claims because of the CHC cybersecurity incident, **effective August 1 we will no longer accept paper claims.** Impacted providers must now discontinue submitting paper claim forms.

SPOT security requirements

Many features of SPOT provide highly sensitive data such as patient eligibility information, medical claim details, and provider office financial information. Therefore, having access to this portal means you have access to confidential Medicare information.

The requirements to gain access to the portal and to obtain data from within the portal ensure all users are properly authorized. Listed below are some of these requirements:

- All work must be performed within the United States. Any request for access to SPOT by an overseas party will be immediately denied. Routine system monitoring is done to ensure all online activity originates from within the United States.
- All portal users are required to register for their own unique User ID in the identity management (IDM) system. IDM accounts may not be shared - even among members of the same organization.
- Each user must request the proper role for the organization. Based on the role that is requested, approval is needed by either the SPOT help desk or the office approver.
- Each user must access SPOT at least once every 30 days and be certified annually to maintain access.
- Each user must provide complete and adequate search details to obtain information within the portal such as Medicare Beneficiary Identifier (MBI) and eligibility.

The necessary precautions are worth the effort to protect your office and our Medicare beneficiaries. Review the [SPOT frequently asked questions](#) web page for some of these, and additional portal security requirements.

If you are not familiar with SPOT, it is our free and secure online portal for providers, billing services, and clearinghouses that is loaded with many [great features](#). Access the [how to register for SPOT](#) webpage today for the link to the enrollment form and complete instructions to obtain access.

Tips to pass Remote Identity Proofing (RIDP)

SPOT user accounts are established in the Identity Management (IDM) system with the highest level of security. User accounts must not be accessed outside the United States and are linked to your personal social security number (SSN). The account must not be shared between multiple people, and you will keep the same account through any employment changes – even with various companies.

Remote Identity Proofing (RIDP) is the process of verifying your identity and it is required for all users that will be accessing SPOT. During the role request process, you will need to provide your legal name, personal address, email, date of birth, and SSN. The details provided must match the information on your credit file with Experian to pass the initial verification process.

If you are unable to pass the initial RIDP process, follow the tips below:

- Verify the data you entered is your personal information (not the practice information).
 - The name provided must be your full legal first and last name. No nicknames or shortened name such as Bill for William or TJ for Tammy Jo.
 - Try using your previous address if you have moved within the last few years.
 - Try using your previous surname if you recently changed your name (marriage, divorce, or any other reasons).
 - The email address that you enter should be your personal email address. If you have multiple, use the email that you use for paying bills online. You will be able to change this later in the 'My Profile' option on the IDM home screen.
- Obtain a copy of your credit report from www.annualcreditreport.com to review the legal name and address currently on your credit file.
- If you have a Victim's Statement, blocked file, or frozen file; you will need to call the telephone number provided on your credit file to pass RIDP.

For additional tips, please review the [Remote Identity Proofing \(RIDP\)](#) document.

MREP code file updates

An updated Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) "Codes.ini" file is now available for you to import into the current 4.6 version of Medicare Remit Easy Print (MREP). A new version of the software is not being released.

Follow the steps below to import the updated codes:

- Go to the CMS [Medicare Remit Easy Print \(MREP\)](#) web page
- Open the "Medicare Remit Easy Print-Version 4.6 (ZIP)" file
- Extract or open the "Codes.ini" file and save it to a file location of your choosing
- Follow the How to Update (Import) the CARC/RARC codes instructions in the [MREP User Guide](#)

Thank you for keeping your MREP software up to date!

PC-ACE Version 6.3 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 6.3, was released **July 1, 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 September 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.

Educational Events

First Coast offers a variety of education events every month. Access to our events is free with no required accounts to manage. Simply complete a few fields in our registration form and you are ready to participate. Continuing education units (CEUs) may be awarded for successfully completing events.



The events shown below are the EDI-related topics coming up in August 2024:

- Submitting electronic claims using PC-ACE
- SPOT Series: IDM and SPOT Enrollment

Previous webinar recordings are also available in the Learning Center. Electronic billing related webinars are found in the [SPOT](#) and [billing basics](#) sections. We encourage you to visit the [Events Calendar](#) often to review the upcoming events and register to attend.

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.
A7:725 (HI03-2)	This Claim is rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s).	Verify the NUBC Value Code(s) prior to submitting the claim.
A7:725 (HI01-2)	This Claim is rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s).	Verify the NUBC Value Code(s) prior to submitting the claim.
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.
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.
A7:218	This claim is rejected for an invalid National Drug Code (NDC) number.	Verify the National Drug Code (NDC) number prior to submitting 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.

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!
