FIRST COAST SERVICE OPTIONS

Electronic Billing Newsletter

First Coast Service Options, Inc. A/B MAC Electronic Billing Newsletter August 2025

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Eligibility IVR elimination

The option to obtain patient eligibility information from the Interactive Voice Response (IVR) telephone system is being eliminated. Access to patient eligibility information will only be available in the SPOT portal. Effective dates will be communicated as they are scheduled. See the last page of this newsletter for details on subscribing to the email list.

If you are not currently enrolled for SPOT, we encourage you to submit the SPOT enrollment form today. Visit our website for information on How to register for SPOT. Please carefully follow all enrollment instructions provided as any incorrect or missing information will extend this processing timeframe.

If you are currently enrolled for SPOT, please begin using SPOT today for all patient eligibility requests.

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 Feature Highlight: CLAIMS

The Claims menu in SPOT includes much more than just claim status. Claim status is the most frequently used feature of the portal but other helpful features are found in this menu. The claim summary, medical review (MR) claims, and provider data summary (PDS) features are also valuable portal resources.

Claim status – this popular feature offers the most up to date status of claims as early as two business days after being submitted electronically. Claim status also offers direct links to the claim status summary and appeal options available for each Part B claim. This makes it quick and easy to submit correction requests when needed.

Claim summary and PDS – these features are both simple features that provide summary data. Claims summary provides a nice snapshot of different claim counts for your organization. The PDS report allows a comparison of billing patterns with similar provider/facility types to help identify billing patterns and potential concerns.

MR claims – this is where you can find the case number, claim number, education details, and the additional documentation request (ADR) letter for any claims pending a medical review. The ADR letter available through this feature provides an electronic file of the letter required when submitting an ADR response.

Detailed instructions and screen images for each of these features are available in the SPOT User Guide – Section 5. If you are not familiar with SPOT, it is our free online portal for providers, billing services, and clearinghouses. To request access, visit our website for information on How to register for SPOT.

PC-ACE Version 6.7 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 **July 7, 2025,** 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 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.

SPOT User Guide

The SPOT User Guide contains detailed instructions with screen images for each feature in SPOT. The user guide is located on the medicare.fcso.com website and a link can be found on the References page in SPOT. This easy-to-use resource starts with an index that provides a link to each section and each section's title is a link back to the index page.

Section 1: Introduction – general information and system requirements

Section 2: Accessing SPOT - enrollment references, sign in instructions, and navigation details

Section 3: Eligibility – HETS system information, search instructions, and details for what patient information is available in each submenu option

Section 4: MBI Lookup – instructions to find a patient's Medicare Beneficiary Identifier using their full name, social security number, and date of birth

Section 5: Claims – details for obtaining claim status, claim summary, medical review claims, and provider data summary reports

Section 6: Appeals – instructions to submit appeal requests, check status of appeals, correct Part B claims, and report Part B claims that were billed in error

Section 7: Claim Submission/ERA – instructions to submit electronic claim files in the ASC X12 ANSI 837 version 5010 format and retrieve the corresponding electronic reports

Section 8: Submit Documents – quick access dashboard details and instructions to submit medical records in response to additional documentation requests, provider audit and reimbursement documents, credit balance reports, general inquires, overpayment refunds, overpayment redeterminations, prior authorization requests, 1099 request forms and how to obtain submission history

Section 9: Retrieve Documents – instructions for retrieving 1099 reports, comparative billing reports, claim correction confirmation, and remittance information

Section 10: Financial Information – instructions to review payment status, lookup financial control numbers, review demand letter/overpayment details, and access account receivable information

Section 11: Online Resources – reviews the online resources found in the portal's footer including self-service tools, references, educational events, site map, privacy policy, terms and conditions, and my IDM account

Section 12: Troubleshooting – provides details and correction recommendations for common errors related to signing in, system not available, data matching, data format, and data incomplete

Section 13: Support – provides details for support options including online help, frequently asked questions, technical support, and instructions to provide portal feedback

Top Ten Electronic Billing Errors – Part A

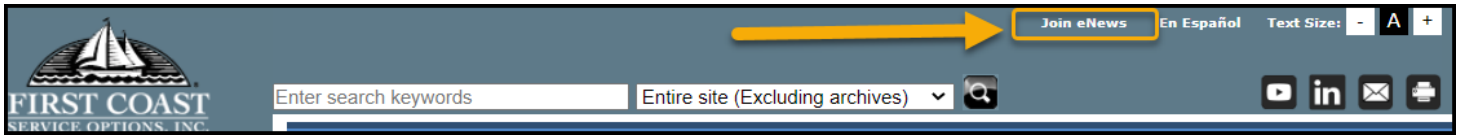
Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:562:128:85	This Claim is rejected for a relational field in error within the Billing Provider's National Provider Identifier (NPI) and Billing Provider's Tax ID.	Only submit the Tax ID that is registered with the billing NPI.
A8:746:40	Rejected due to duplicate ST/SE submission	Verify the file was not already sent prior to submitting.
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.
A8:306	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.
A7:164: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.
A7:521	This claim is rejected for invalid information in the Adjustment Reason Code.	Valid Claim Adjustment Group/Reason Code combination required.
A7:721	This Claim is rejected for containing Invalid Information within the National Uniform Billing Committee (NUBC) Occurrence Span Code(s) and Date(s).	Verify the NUBC occurrence span code and date is entered correctly on the claim.
A7:460	This Claim is rejected for containing Invalid Information within the National Uniform Billing Committee (NUBC) Condition Code(s).	Verify the NUBC condition code(s) reported are accurate.
A7:694:520:GB	Claim rejected for Other Insured line adjustment quantity (CAS04) being equal to zero.	The Other Insured line adjustment quantity cannot be zero.

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.
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 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.
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.
A7:507	This Claim is rejected for relational field Information within the Healthcare Common Procedure Coding System (HCPCS).	When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472".
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.
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.

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!