

Electronic Billing Newsletter

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

November 2023



A B New Claim Edits Coming to the 277CA Electronic Billing Report

CMS issued change request 13224 requiring the new edits shown below. These edit changes will be effective January 2, 2024, and they will display on the 277CA electronic billing report.

You are encouraged to review your claim data today to verify the information in the fields listed below is being reported correctly. If you have a billing service or clearinghouse and have questions on the 277CA report, please contact the billing service or clearinghouse.

Please contact your software vendor with questions regarding these edits.

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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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Part A:

X223.150.2300.DTP03.050

Edit will set if 2300 DTP03 Statement Date is a future date. The Edit Claim Status Category and Claim Status Codes are A7:510:188

Part B:

X222.166.2300.DTP03.030

Edit will set if 2300 DTP03 Date Last Seen is a future date. The Edit Claim Status Category and Claim Status Codes are A7:510:757.

X222.386.2400.DTP03.020

Edit will set if 2400 DTP03 Date Last Seen is a future date. The Edit Claim Status Category and Claim Status Codes are A7:510:757.

SPOT Redesign

SPOT is being redesigned to a more modern look and feel! The redesigned SPOT will include the same current features. Soon after the initial implementation of the SPOT redesign, an exciting new feature for submitting electronic claim files will be available. If you have not done so already, existing users should complete the [SPOT claim submission agreement](#) today to use this new feature.

We encourage you to watch the videos posted on the [SPOT redesign](#) web page to become familiar with the changes. If you are not yet enrolled for SPOT, access our website for the details on [how to register](#) today.



SPOT Feature Highlight:

PAYMENT DATA



One of the many useful features in the SPOT portal is the ability to view payment data. The Payment Data feature is helpful to view a list of payments including the payment date, payment amount, payment status and check number. The payment information is accessible up to 12 months from the payment date.

The [SPOT User Guide](#) is available to provide step-by-step instructions and screen images for this – and all other – SPOT features.



PC-ACE Version 6.0 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 6.0, was released **October 2, 2023**.

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.

A Top Ten Electronic Billing Errors – Part A

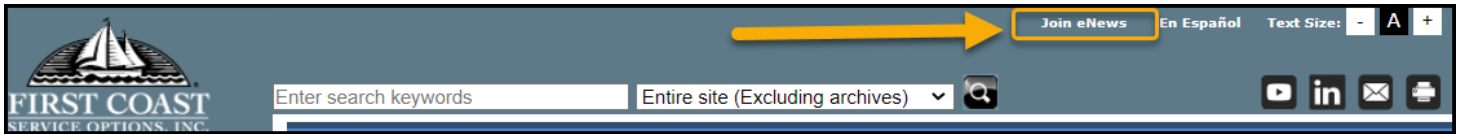
Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
A8:496:85	Claim Rejected for relational field in error.	Verify the provider's NPI is registered with the Submitter ID prior to submitting claims. When sending EDI Enrollment forms to change submitters, list any 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.
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.
A7:500:77	This Claim is rejected for Invalid Information within the Service Location's Postal/Zip Code.	Verify that that facility zip code is the correct full 9 digit zip code.
A7:480	Claim rejected for invalid information in the Other Carrier Claim filing indicator.	The Claim Filing Indicator for the other insurance cannot be MA.
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.
A7:455	This Claim is rejected for Invalid Information within the Revenue code for services rendered.	Verify that you are using valid revenue codes.
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.
A7:521	This Claim is rejected for invalid information in the Adjustment Reason Code.	Verify that you are using valid group/reason code combinations.

B Top Ten Electronic Billing Errors – Part B

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
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.
A8:496:85	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 providers 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 will result in claim rejections.
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	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.
A7:164:IL	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.
A7:535	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.
A7:732:464	This Claim is rejected for Invalid Information within the Payer Assigned Claim Control Number Information submitted inconsistent with billing guidelines.	Verify that F8 is not present in the Loop 2300 REF01.
A8:562:82	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.
A7:453	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered.	Verify the procedure modifier is valid.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.

AB SPOT 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.

AB SPOT 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.

AB SPOT 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!
