FIRST COAST
SERVICE OPTIONS

Electronic Billing Newsletter

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

Ⓐ Ⓑ ⒮ Use SPOT instead of the IVR

Eligibility, claim status, and financial information are all currently available in SPOT and the First Coast Interactive Voice Response (IVR) telephone system. We **strongly encourage** all providers to use SPOT as your sole source to obtain this information rather than the IVR. Soon, the option to use the IVR for some of these inquiries will not be available.

Once your access is established for SPOT, follow these steps to obtain the patient and/or claim information you need:

1. Access SPOT.
2. Select the feature from the top menu options.
3. Complete the required search fields.

SPOT is available 24 hours a day, 7 days a week (excluding holidays and maintenance periods). The SPOT User Guide provides step-by-step instructions with screen images for accessing the portal and using each feature.

Each office staff member responsible for obtaining Medicare eligibility information will need their own SPOT account ID. 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

ELIGIBILITY ∨   MBI LOOKUP   CLAIMS ∨   APPEALS ∨

SPOT Feature Highlight:
ELIGIBILITY
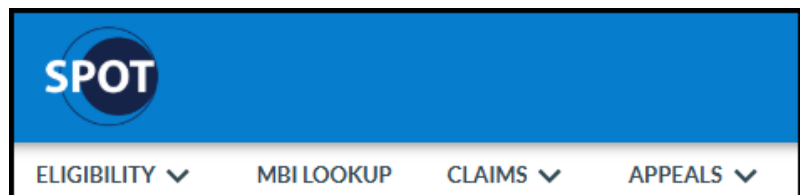
SPOT interfaces with the CMS HIPAA Eligibility Transaction System (HETS) to obtain eligibility information. HETS is considered the authoritative source for beneficiary information. **All providers should obtain eligibility information via the portal as the IVR option will not be available in the future** and some MACs have already disabled the IVR option.

The display and accessibility of specific Eligibility tab submenu options are contingent upon the availability of active data directly associated with the beneficiary and each submenu option. When no active data is available, the submenu option will appear lighter in color to indicate it is not relevant. The image below shows all submenu options and is an example of a patient without any MSP or QMB information available.

The eligibility information provided in SPOT is organized into different sections:

- **Inquiry** - subscriber information and date of service entered in search criteria
- **Beneficiary** - subscriber name, address, date of birth, Medicare #, date of death, and the date of service range used in the search criteria
- **Eligibility** – entitlement reason, Part A/Part B effective and termination dates, inactive periods, ESRDS, and Acupuncture benefits
- **Deductibles/CAPS** – Year Part A/B remaining deductible amounts, free services, blood deductible, therapy CAP, and rehabilitation sessions
- **Preventative** – COVID-19 immunizations, smoking cessation session info, MDPP usage, preventive services, and cognitive services
- **MSP** – type code, effective and termination date, diagnosis code, policy number, group number, patient relationship, ORM indicator, insurer name, and address
- **MAP** – contract name, contractor #, plan number, plan name, plan type, MA bill opt code, effective date, term date, address, and telephone number
- **Hospice/Home Health Care** – home health certification details, HHEH start and end date, DOEBA and DOLBA dates, patient status code, notice of admission indicator, provider number, contract name, contract number, and hospice information
- **Inpatient** – hospital stay information, hospital data, skilled nursing facility data, and psychiatric information
- **QMB** – QMB Medicaid enrollment dates/type, QMB deductible info, QMB inpatient spell dates, QMB hospital information, and QMB SNF information
- **PBID** – effective and termination dates

More details on the Eligibility feature are available in Section 3 of the SPOT User Guide. If you do not currently have access, we recommend getting setup today to access all the great features including claim submission, claim status, and patient eligibility. Visit our website for information on How to register for SPOT.

🅐 🅑 SPOT PC-ACE Version 6.6 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 **April 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 June 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 SPOT Account Updates

SPOT account updates and security

Security access reminders:

Account sharing forbidden

SPOT account activity requirements

IDM:

View and manage

Modify personal information (including email address)

Modify business information

Change password or security question

View/Modify existing role

Add a role

Remove a role

Add users

SPOT enrollment:

Enroll additional providers

Change Electronic Remittance Advice (ERA) to SPOT

Enroll for PC-ACE software

Change Office Approver/Office Backup Approver (OA/OBA)

Instructions are available on our website for many different types of SPOT account updates. As time passes, changes may be needed to your existing portal setup. There are account changes that need to be made in the Identity Management (IDM) system and others that would require enrollment forms. The web page is organized into those two different sections as you can see on the image of the index provided here.

The most common IDM changes include adding or removing SPOT roles, password changes, and updating email address. To make these changes, you will need to sign into the IDM system. Step-by-step instructions, with the system link, are provided on the SPOT account update web page.

SPOT enrollment changes will need an enrollment form to be completed and sent to First Coast. Examples include changing the office approver or office backup approver for your organization, adding or removing providers, and requesting the PC-ACE electronic claim file creation software.

Ⓐ 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.
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.
A8:306	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.
A7:480: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.	Report a valid revenue code.
A7:521	This claim is rejected for invalid information in the Adjustment Reason Code.	Valid Claim Adjustment Group/Reason Code combination required.
A7:725	This Claim is rejected for Invalid Information within the NUBC Value Code(s) and/or Amount(s).	If 2300.HI02-1 is "BE" then 2300.HI02-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
A7:732:560:HK	Claim Returned as unprocessable. Information submitted inconsistent with billing guidelines in the Subscriber Additional/Secondary Identifier.	2010BA.REF with REF01 = "SY" must not be present.
A7:500:IL	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank.

Ⓑ 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.
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.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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).	When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472".
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.
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.
A7:500:IL	This Claim is rejected for Invalid Information for the Subscriber's Postal/Zip Code.	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank.

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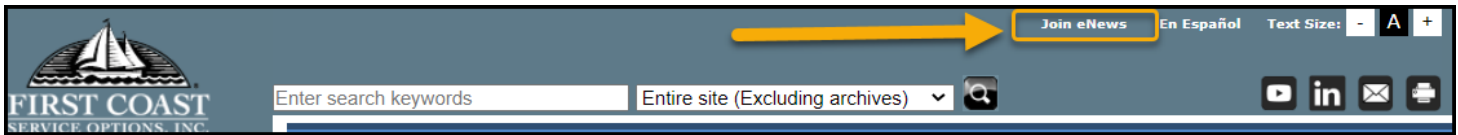
Signing up is simple:
1. Navigate to medicare.fcso.com.
2. Click the "Join eNews" link in the upper right.
3. Enter your email and NPI.
4. Select all appropriate mailing lists. We encourage all EDI billers to subscribe to the Electronic Data Interchange list.
5. Click Submit.

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!