

Electronic Billing Newsletter

Novitas Solutions, Inc. A/B MAC Electronic Billing Newsletter

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This **Electronic Billing Newsletter** is published by Novitas Solutions, 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. CPT codes, descriptors and other data only are copyright 2011 American Medical Association (or such other date of publication of CPT).

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Obtain Eligibility Information from Novitasphere

Eligibility is currently available in Novitasphere and the Novitas Interactive Voice Response (IVR) telephone system. We **strongly encourage** all providers to use Novitasphere to obtain all beneficiary eligibility information. Obtaining eligibility information via the IVR will not be available in the future and some MACs have already begun to disable this IVR option.

The Novitasphere Eligibility feature connects with the CMS HIPAA Eligibility Transaction System (HETS) for the most up-to-date beneficiary information. Novitasphere eligibility information is available 24 hours a day, 7 days a week, excluding holidays and maintenance periods.

The [Eligibility Guide](#) provides a summary of the eligibility data available in Novitasphere. Information and screen images are available in Section 3 ([JH](#))([JL](#)) of the Novitasphere User Guide. You can also see the Eligibility feature in action by viewing one of the resources below:

- **Novitasphere: Using the Beneficiary Eligibility and MBI Lookup Features** ([JH](#))([JL](#)) redesign summary video – full video length is 6:07
- 11/06/2024 **Novitasphere Redesign Overview (Part A)** ([JH](#))([JL](#)) webinar recording – eligibility feature begins at 17:00
- 11/04/2024 **Novitasphere Redesign Overview (Part B)** ([JH](#))([JL](#)) webinar recording – eligibility feature begins at 16:12

Please begin to use Novitasphere to obtain beneficiary eligibility information rather than the IVR today. Each staff member responsible for obtaining eligibility information will need their own Novitasphere account ID. To setup additional user access, view the Novitasphere: IDM instructions > Registration for all other staff Enrollment Steps for End Users ([JH](#))([JL](#)).

If your office does not currently have access, we encourage you to enroll today. Refer to the [Novitasphere Enrollment eGuide](#) for complete enrollment instructions.

Novitasphere Redesign

The redesign of Novitasphere was implemented on December 9. The new layout has been well-received, and the enhancements have proven to be beneficial – especially the new ACTIONS column with direct links to claim details and appeal functions!

As with all changes, there have been a few challenges. One of them being the search menu move to the left side navigation. The search menu has a scroll bar and a minimize option. If you are not able to see any search fields, look for a scroll bar or a blue box with a magnifying glass to expand the window. The Novitasphere development team is working on improvements that will decrease these challenges.

Another challenge has been the need to scroll through information on the feature screens. The initial design provided ample white space on the screen for a clean appearance. We heard you and white space has been removed to decrease your scrolling.

Thank you for approaching the redesign changes with patience and positivity! Please continue to access the Novitasphere Redesign page ([JH](#))([JL](#)) for information and resources regarding the portal redesign.



A new feature has been added to our free online portal, Novitasphere. The Provider Data Summary (PDS) feature is now available for Part A and Part B portal users. This feature provides a report that offers a detailed comparison of a provider's billing patterns with similar facility types in the same geographic area within a specified time frame. This report can help offices identify recurring billing issues using detailed data analysis.

The PDS report provides two tabs of information: claims summary and claims outcome summary. The claims summary tab contains the comparative data for finalized claims of the provider and the provider's peer group. The claim outcome summary tab contains a list of different code types that impacted the provider's claims and the number of claims impacted.

Current Novitasphere users are encouraged to explore this new PDS feature with your next visit to the portal. Refer to the Novitasphere User Guide, [Section 5 - Claims](#), to view the screens and full details of this new feature.

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. Refer to the [Novitasphere Enrollment eGuide](#) for complete enrollment instructions.

HETS Rules of Behavior

CMS would like to remind Medicare HETS 270/271 Submitters to review the [HIPAA Eligibility Transaction System \(HETS\) Rules of Behavior](#). HETS is for enrolled Medicare Fee-for-Service (FFS) health care providers and suppliers with an FFS electronic data interchange enrollment to submit Medicare claims to a Medicare Administrative Contractor. Submitters may not use HETS to verify eligibility or coverage for Medicare Advantage (Part C) or Medicare drug (Part D) plans. For Part C, please submit your eligibility inquiry to the Plan and for Part D, please use E1.

Any violations of the HETS Rules of Behavior may result in the possible suspension of your organization's Submitter ID, placement of your organization on a corrective action plan, or a referral of your organization for investigation. Your organization could be subject to penalties, including civil or criminal actions. Please contact the MCARE Help Desk at 1-866-32-7315 if you have questions.

PC-ACE Training Videos

Training videos are now available for the PC-ACE billing software, PC-ACE. These videos are available on our website for you to view at any time:

- **PC-ACE: New Installation and Setup** (15:49) ([JH](#))([JL](#)) - This video provides an overview of PC-ACE software installation after the EDI Enrollment application is processed by Novitas Solutions.
- **PC-ACE: Backup and Upgrade** (8:37) ([JH](#))([JL](#)) - This video provides an overview of the backup and update installation processes for the PC-ACE software.
- **PC-ACE: Claim Entry and File Prep** (13:16) ([JH](#))([JL](#)) - This video provides an overview of the claim entry and file preparation processes in the PC-ACE software.

To enroll for PC-ACE, or learn more about the software, visit our PC-ACE free Medicare billing software ([JH](#))([JL](#)) web page.

PC-ACE Version 6.5 Upgrade

To provide the most up-to-date information, PC-ACE is updated quarterly. The most current upgrade was released **January 6, 2025** and is available via internet download from our webpage ([JH](#))([JL](#)). **Please take time to upgrade now.** CMS requires you to upgrade within 90 days. Therefore, please install this software as soon as possible, but **no later than March 31st**, which is the required upgrade compliance date.



IMPORTANT: An installation password is required. This password was provided in your EDI/Novitasphere Welcome letter. If you do not have this password, please contact the EDI Help Desk.

A Top Ten Electronic Billing Errors – Part A

Edit Claim Status Category and Claim Status Codes	Business Edit Message	How to Avoid/Correct
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 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.
A8:496:85	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.
A7:500:77	This Claim is rejected for Invalid Information within the Service Location's Postal/Zip Code.	Verify the Postal/Zip Code matches the City and State reported for the facility.
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.
A7:697:216	Claim rejected for the Drug information having invalid decimal precision.	2410.CTP04 is limited to 3 decimal positions.
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.
A7:507	This Claim is rejected for relational field Information within the Healthcare Common Procedure Coding System (HCPCS).	Verify that the HCPCS code is valid for Medicare.
A7:228	This Claim is rejected for Invalid Information within the Type of bill for UB claim.	Verify the Type of Bill is valid prior to submitting the claim.
A7:500:GB	This Claim is rejected for Invalid Information within the Other Insured's Postal/Zip Code.	Verify the zip code for the Other Insured.

B 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. Failure to complete the Maintain Existing Submitter/Receiver ID block on the EDI enrollment form may result in previously setup IDs being removed.
A7:562:82	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	A valid NPI must be reported in 2310B.NM109.
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.	Verify the billing provider's NPI is correct prior to submitting claims.
A8:746:40	This file rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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 Subscriber's Medicare Beneficiary ID (MBI) is entered correctly on the claim.
A7:507	This Claim is rejected for relational field Information within the Healthcare Common Procedure Coding System (HCPCS).	Verify that the HCPCS code is valid for Medicare.
A7:535	This Claim is rejected for Invalid Information within the Claim Frequency Code.	Verify the Claim Frequency Code reported is a "1." 1 is the only valid code for Part B.
A7:732:464	This Claim is rejected for Invalid Information within the Payer Assigned Claim Control Number Information submitted inconsistent with billing guidelines.	The only valid value for CLM05-3 (Claim Frequency Type Code) for Part B claims is '1' (ORIGINAL).
A7:133:560:82	This Claim is rejected for Invalid Information for a Rendering Provider's Unique Personal Identification Number (UPIN) and EIC.	When 2310B.REF01 = "1G", 2310B.REF02 must be in format ANNNNN or AAANNN (where A is an alpha character and N is a numeric digit).

Subscribe to our Email Lists

Join our email lists for the latest Medicare broadcasts from Novitas Solutions, delivered directly to your email inbox. Follow these simple steps to join:

1. Navigate to www.novitas-solutions.com and select the applicable Medicare jurisdiction.
2. Click the “Join E-Mail List” link in the upper right of the dark blue menu.
3. Enter your email, first name, and last name.
4. Select all appropriate mailing lists. We encourage all EDI billers to subscribe to the EDI list and all Novitasphere users to subscribe to both the EDI and Novitasphere lists.
5. Click Subscribe. You will then be sent a verification email.

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 Novitasphere 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.

JH EDI Help Desk

1-855-252-8782, Option 3
Monday-Friday, 8 a.m. – 4 p.m. ET/CT

JL EDI Help Desk

1-877-235-7083, Option 3
Monday-Friday, 8 a.m. – 4 p.m. ET/CT



Novitasphere Help Desk

1-855-880-8424
Monday-Friday, 8 a.m. – 5 p.m. ET/CT

Website Contact Information

([JH](#))([JL](#))
www.novitas-solutions.com

Thank you for reading our newsletter!
