NOVITAS SOLUTIONS

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.

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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 Novitasphere portal.

This requirement was effective for all NJ providers effective July 1st. **All other JL states will be required to obtain patient eligibility information via the Novitasphere portal effective September 2**.

STATE	EFFECTIVE DATE
New Jersey	July 1, 2025
Pennsylvania	September 1, 2025
Maryland	September 1, 2025
District of Columbia	September 1, 2025
Delaware	September 1, 2025
12901	September 1, 2025

If you are not currently enrolled for Novitasphere, we urge you to submit the Novitasphere enrollment form today to avoid business interruptions. The enrollment process to gain access to Novitasphere will take at least 1 - 2 weeks. Carefully follow all enrollment instructions provided to avoid errors that will extend this timeframe.

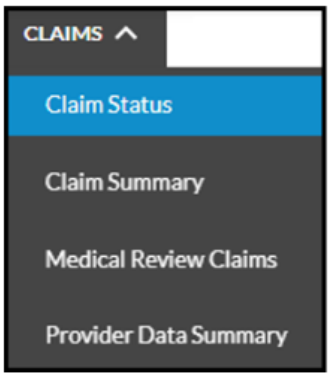
- To request access for providers, refer to the Novitasphere Enrollment eGuide for complete enrollment instructions.
- To request access for third parties, refer to the Novitasphere enrollment web page's section for billing services and clearinghouses (JH)(JL).

If you are currently enrolled for Novitasphere, please begin using Novitasphere today for all patient eligibility requests. Refer to the Novitasphere account updates (JH)(JL) web page for instructions on adding providers or setting up additional users.

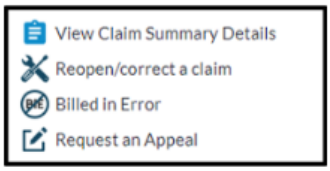
Novitasphere Feature Highlight:

CLAIMS

The Claims menu in Novitasphere 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.



Claims menu



Direct link options

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 Novitasphere User Guide – Section 5 (JH)(JL).

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 current upgrade was released **July 7, 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, this upgrade should be installed **no later than September 30th**.

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.

Novitasphere User Guide

The Novitasphere User Guide contains detailed instructions with screen images for each feature in Novitasphere. The user guide is located on our website and a link can be found on the References page in Novitasphere. 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 (JH)(JL) – general information and system requirements

Section 2: Accessing Novitasphere (JH)(JL) - enrollment references, sign in instructions, and navigation details

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

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

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

Section 6: Appeals (JH)(JL) – 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 (JH)(JL) – 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 (JH)(JL) – 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, immediate recoupments, 1099 request forms and how to obtain submission history

Section 9: Prior Auth (JH)(JL) – instructions for limited providers to submit prior authorization requests and check request status, inpatient rehabilitation facility instructions

Section 10: Retrieve Documents (JH)(JL) – instructions for retrieving 1099 reports, comparative billing reports, overpayment demand letters, appeals development letters, claim correction confirmation, redetermination notices, and remittance information

Section 11: Financial Information (JH)(JL) – instructions to review payment status, lookup financial/documentation control numbers, review demand letter/overpayment details, and access account receivable information

Section 12: Online Resources (JH)(JL) – 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 13: Troubleshooting (JH)(JL) – provides details and correction recommendations for common errors related to signing in, system not available, data matching, data format, and data incomplete

Section 14: Support (JH)(JL) – provides details for support options including online help, telephone support, live chat, 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.
A8:496:85	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.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:500:77	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.
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.
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.
A6:745:562:82	This Claim is rejected for Missing Information due to Identifier Qualifier within the Rendering Provider's National Provider Identifier (NPI).	Report Identifier Qualifier "XX" in loop 2420C NM108 for the Rendering Provider's National Provider Identifier (NPI).
A7:480:PR	Claim rejected for invalid information in the Other Carrier Claim filing indicator.	Do not report "MA" or "MB" in Loop 2320 SBR09 when Medicare is secondary.
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.

Ⓑ 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.
A7:562:85	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.
A7:164: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.
A7:732:464	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).
A7:535	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.
A8:306	This Claim is rejected for relational field Information within the Detailed description of service.	Report a description of the services performed when using a non-specific procedure code.

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!