NOVITAS SOLUTIONS

Electronic Billing Newsletter

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

November 2025

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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.

FISS Annual Recertification

The Centers for Medicare & Medicaid Services (CMS) requires annual recertification of every user that has access to the Part A Fiscal Intermediary Shared System (FISS). Novitas Solutions will mail letters to Part A facilities who have active FISS user(s) that are due to be recertified. These letters will include a list of the user(s) associated with the institution's Provider Transaction Access Number (PTAN) that are due to be recertified. If a user is not due to be recertified, the logon id will not be included on the letter.

THE AUTHORIZED OR DELEGATED OFFICIAL LISTED ON THE PROVIDER'S CMS 855A ENROLLMENT RECORD MUST RECERTIFY EACH OF THE INDIVIDUAL USER(S) WITHIN 30 DAYS OF THE DATE OF THE LETTER.

To avoid disruption in billing, it is imperative that you follow the instructions for completing the recertification carefully. All completed recertification letters must be returned to Novitas EDI Services via fax at 1-877-439-5479. Failure to recertify by the due date will result in the user(s) losing their access. If access is removed, the user must submit complete a FISS Enrollment Application (JH)(JL) to have their access reinstated.

In accordance with the CMS security policy, FISS logon ids are not to be used by anyone other than the assigned user. If Novitas detects improper use of a FISS logon ID and password, the policy mandates us to deactivate the FISS logon ID and the user must reapply.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Novitasphere Feature Highlight:

Retrieve Documents

The Retrieve Documents feature is a helpful feature that provides electronic copies of various Medicare documents. The documents available include 1099 reports, overpayment demand letters, appeals development letters, redetermination notices, and remittance advices. Part B providers can also retrieve a comparative billing report and claim correction confirmations in this feature.

- **1099 reports** – this is a tax document mailed annually from Novitas. The 1099 is available here in response to a 1099 request submitted through the Novitasphere Submit Documents feature.
- **Overpayment demand letters** – this option provides an electronic copy of letters sent from Novitas to recoup a refund when an overpayment was issued.
- **Appeals development letters** – this provides an electronic copy of the letters sent from Novitas when requesting additional information on an appeal request.
- **Redetermination notices** – this is also known as an e-MRN (Medicare Redetermination Notice). It is the document providing the decision of an appeal request.
- **Remittance advices** – this is a reader-friendly report with claim processing details like the standard paper remittance (SPR) that was previously mailed.

Detailed instructions and screen images of this feature are available in the Novitasphere User Guide, Section 10 (JH)(JL). This is just one of many useful features available in Novitasphere. If you are not yet experiencing the many benefits of Novitasphere, access the Novitasphere Enrollment eGuide and begin the enrollment process today.

Eligibility IVR elimination

The option to obtain patient eligibility information from the interactive voice response (IVR) system has been eliminated. Access to patient eligibility information is now only available in the Novitasphere portal or the HIPAA 270/271 transaction for all JH and JL providers.

Veteran Affairs (VA) Implementation: Effective December 1, all patient eligibility options provided via the IVR will no longer be available. To obtain this information in the future, use existing resources provided to Veterans Affairs. To verify patient eligibility, use the automated HIPAA 270/271 transaction to CMS HETS.

Software Updates

PC-ACE Version 6.8 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 **October 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, this upgrade should be installed **no later than December 31st**.

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.

PC Print Update

PC Print is free software for Part A electronic billing providers to view and print the electronic remittance advice file (ERA). To keep the software current, routine updates are released. The most recent version was made available in October.

Additional information about this software and the download instructions are avaialble on our PC Print (JH)(JL)web page.

MREP Update

Medicare Remit Easy Print (MREP) is free software for Part B electronic billing providers to view and print the electronic remittance advice file (ERA).

To help understand remittance details, MREP includes the Remittance Advice Remark Code (RARC) and Claim Adjustment Reason Code (CARC) lists. These lists are published by the Washington Publishing Company and updated at least three times a year.

The most recent RARC and CARC files were made available in October. Each office using the MREP software must import the updated codes file to keep their codes current. Complete this update today by following the "How to Update (Import) the CARC/RARC codes" instructions in the MREP User Guide.

For more information, visit our Medicare remit easy print (MREP) (JH)(JL)web page.

Ⓐ 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.
A8:746:40	Rejected due to duplicate ST/SE submission.	Verify the file was not already sent prior to submitting.
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.
A7:500:77	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 SV202-7.
A7:228	This Claim is rejected for Invalid Information within the Type of bill for UB claim.	Verify the Type of Bill is valid.
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.
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.
A7:164: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.

Ⓑ 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.
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.
A8:746:40	This file 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 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.
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.
A7:400:672	This Claim is rejected for Invalid Information within the Payer's payment information is out of balance.	Verify the amounts entered in the primary paid amount is equal to or less than the total charge.

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 envelope icon 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!