

Inside this issue

- 1- Adding Novitasphere users
- 1- PC-ACE upgrade
- 2- Novitasphere Feature Highlight: Financial Info
- 2- Novitasphere Prior Auth additions
- 3- Top Ten Errors – Part A
- 4- Top Ten Errors – Part B
- 5- Subscribe to our Email Lists
- 5- Information Needed When Calling EDI
- 5- Contact Us

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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A B Adding Novitasphere users

As your office begins to implement more of the great features and uses ([JH](#))([JL](#)) for Novitasphere, you may need to add more users.



Access can be setup for new users quickly with these steps:

1. New user must access their own IDM account – by either signing in to their existing account or creating one if they are not currently registered with IDM ([JH](#))([JL](#)).
2. New user must request the Novitasphere End User role for the organization ([JH](#))([JL](#)).
3. Office approver or backup approver must approve the request ([JH](#))([JL](#)).

If your office is not yet experiencing the benefits of Novitasphere, access the [Novitasphere Enrollment eGuide](#) and begin the enrollment process today.

A B PC-ACE version 6.9 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 **January 5, 2026** 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 April 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. When calling, be prepared to provide your submitter ID.



The Financial Information feature in Novitasphere allows you to review payment status, lookup financial/document control numbers (FCNs/DCNs), review overpayment details, and access account receivable (AR) information.

- Payment status will provide a list of check numbers with the amount, check status, date issued, and date cashed. There is also a convenient quick-click icon to easily view/request the remittance advice.
- The DCN/FCN lookup feature provides the patient account number and date of service for a particular DCN or FCN.
- Demand Letter/Overpayment Details provides the ability to view and print overpayment demand letters and the corresponding financial details. AR details can also be accessed directly from the demand letter page.
- The AR details feature gives the beneficiary and claim information related to account receivables by directly searching for the claim number or AR transaction number.

Detailed instructions and screen images of this feature are available in the Novitasphere User Guide, Section 11 ([JH](#))([JL](#)). This is just one of many useful features ([JH](#))([JL](#)) 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.

Novitasphere Prior Auth feature additions

Two new features were added to the Prior Auth feature in Novitasphere – Submit Prepay Additional Documentation Requests (ADR) Response and Prepay Review ADR. The Prepay ASC feature allows ASCs participating in the Prior Authorization demonstration to respond to ADR through Novitasphere. The new Prepay Review ADR feature allows ASCs to view and download ADRs.

Two additional prior authorization type options were also added to the Prior Authorization Request feature. Ambulatory Surgical Center and Wasteful and Inappropriate Service Reduction (WISeR) prior authorization requests can now be submitted through Novitasphere.

Please refer to Section 9 ([JH](#))([JL](#)) of the Novitasphere User Guide ([JH](#))([JL](#)) for details.

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. |
| 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. |
| 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. |
| A7:507 | This Claim is rejected for Invalid Information within the Healthcare Common Procedure Coding System (HCPCS) | Verify that the HCPCS code is valid for Medicare. |
| A7:455 | This Claim is rejected for Invalid Information within the Revenue code for services rendered. | Verify the revenue code is valid. |
| 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. |
| A7:732:480:PR | Claim Rejected for Invalid Information submitted inconsistent with billing guidelines | Verify the Subscriber's claim filing indicator is correct. |
| 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. |

B Top Ten Electronic Billing Errors – Part B

| Edit Claim Status Category and Claim Status Codes | Business Edit Message | How to Avoid/Correct |
|---|---|---|
| A8:562:128:85 | 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. | Only submit claims once the provider is linked to the submitter ID. |
| 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 (National Provider ID). | 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. |
| A7:732:464 | 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. |
| A7:480:PR | This Claim is rejected for Invalid Information within the Other Carrier Claim filing indicator is missing or invalid. | Do not report "MA" or "MB" in Loop 2320 SBR09 when Medicare is secondary. |

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

[\(JH\)](mailto:JH@novitas-solutions.com)[\(JL\)](mailto:JL@novitas-solutions.com)
www.novitas-solutions.com

Thank you for reading our newsletter!
