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.

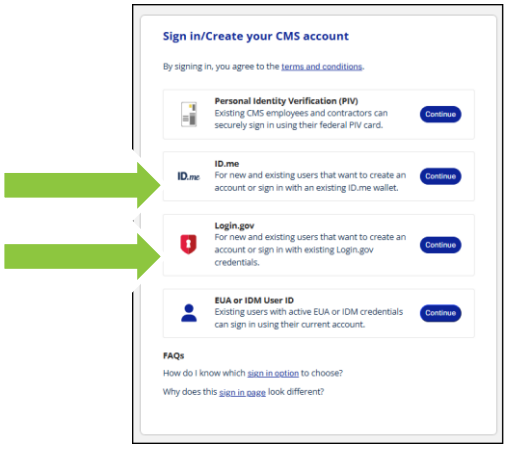
CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Novitasphere NEW USER ACCOUNT creation process changes

Novitasphere is a free online portal with many benefits (JH)(JL) including eligibility, appeals, and claim status. Currently, new Novitasphere accounts are created in the CMS Enterprise Identity Management (IDM) system.

CMS recently announced two new identity management options to the IDM system: **Login.gov and ID.me**. These organizations are entrusted by CMS and authorized to create, validate, and manage digital identities. Adding these options is a step toward making the secure access process more modern, more flexible, and more user-friendly.

The new options can be seen today when signing in to IDM. At this time, new users should select the last option to continue using IDM for creating new accounts. However, **new users will soon be instructed to select either the Login.gov or the ID.me option to create a new account.**



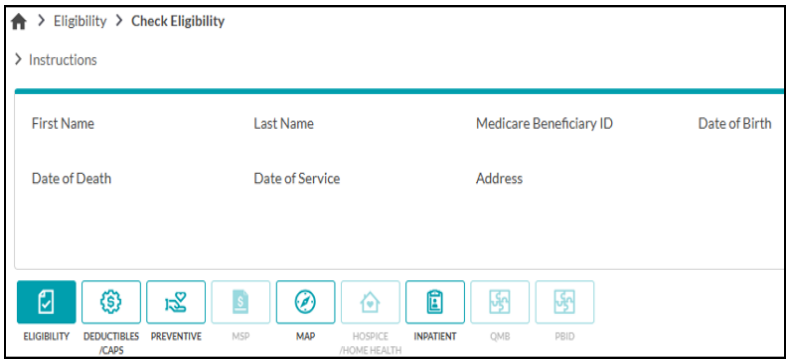
No changes are required for existing users. Thank you for your continued partnership as CMS works to improve the enterprise authentication experience.

Novitasphere Feature Highlight

The Eligibility feature in Novitasphere provides real-time Medicare-related beneficiary information directly from the HIPAA Eligibility Transaction System (HETS). Use this feature to obtain your patient's Medicare plan effective date, remaining deductible amount, coinsurance percentages, preventive service dates, and much more.

The Eligibility feature's information is organized into the following sections:

- Eligibility
- Deductibles/Caps
- Preventive
- Medicare Secondary Payer (MSP)
- Medicare Advantage Plan (MAP)
- Hospice / Home Health
- Inpatient
- Qualified Medicare Beneficiary (QMB)
- Part B Immunosuppressant Drug Benefit (PBID)



All Novitasphere users have access to this feature and HETS attestation is not required. Details and screen images are available in the Novitasphere User Guide, Section 3 (JH)(JL).

ADRs in Novitasphere

When a claim is selected for medical review, an Additional Documentation Request (ADR) is issued to obtain supporting medical records and verify that payment is appropriate. The ADR letter is mailed to the provider's address on file with Medicare and outlines the specific documentation required as well as the submission deadline. Per CMS guidelines, providers must respond within 45 days of the ADR date.

Novitasphere has several features to assist with the medical review ADR process. The **Claims > Medical Review Claims** feature provides the ADR details and a PDF version of the letter. Then access the **Submit Documents > Medical Records/ADRs** feature to submit the requested documentation. Lastly, you may use the **Submit Documents > Submission History** feature to check status of Medical Review Submission.

If you are not yet experiencing the many benefits (JH)(JL) of Novitasphere, access the Novitasphere Enrollment eGuide and begin the enrollment process today.

PC-ACE version 7.1 upgrade

The PC-ACE software program is an effective and easy-to-use system for creating electronic Medicare claim files. 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 **July 6, 2026** and is available via internet download from our webpage (JH)(JL). All existing PC-ACE users should **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. When calling, be prepared to provide your submitter ID.

Portal enrollment form tips

Portal enrollment forms are required to initially enroll new organizations for Novitasphere and to make certain changes. The form is only needed once for each organization and affiliated providers can be set up using the EDI Enrollment Affiliated Provider List.

Below are tips to complete the Novitasphere enrollment form correctly:

1. Verify the enrollment form is needed. These forms are only needed once per organization unless making certain account updates (JH)(JL). Please do not send duplicate forms.
2. Complete the correct form and follow the detailed instructions for each block.
    - Providers: Instructions for the Completion of the Electronic Data Interchange (EDI) Portal Enrollment form (JH)(JL)
    - Billing Services and Clearinghouses: Instructions for the Completion of the Third Party Novitasphere Portal Enrollment form (JH)(JL)
3. Use the group information for provider offices. The Provider Name, Tax ID (TIN/EIN), National Provider Identifier (NPI), and the Provider Transaction Access Number (PTAN) provided must all match the number on file at Medicare for the group.
4. Complete the Electronic Remittance Advice (ERA) block carefully. ERA is required and can only be set up to go to one location. If a provider office is already setup for ERA and does not want that to be changed, the option to maintain existing ERA setup must be selected.
5. Provide an original, written signature of the authorized or delegated official. Billing service representatives may not sign the provider form. Typed signatures with any style font, stamped signatures or signature images are not accepted.

Following these tips will help you gain access to Novitasphere as smoothly and quickly as possible. Any errors on the form will result in the form needing resubmitted with corrections.

Experience faster, simpler, and secure interactions with Medicare through Novitasphere – our FREE online portal for providers, billing services, and clearinghouses. If your office is not enrolled yet, explore the Novitasphere Enrollment eGuide and unlock the benefits of streamlined workflows today.

Ⓐ 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.
A8:746:40	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.
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.
A8:306	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.
A7:480: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.
A7:228	This Claim is rejected for Invalid Information within the Type of bill for UB claim.	Verify the Type of Bill is valid.
A7:500:286:PR	This Claim is rejected for Invalid Information within the Other payer's Explanation of Benefits/payment information's Postal/Zip Code.	Verify the other payer's zip code is valid prior to submitting the claim.
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.

Ⓑ 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.
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 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.
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).
A8:578:IL	This Claim is rejected for relational field for the Subscriber's Insurance Type Code	Verify that the Insurance Type Code which defines the reason Medicare is secondary is valid based on your subscriber's primary insurance.
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.

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 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!
