

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Look for MBIs on Remittance Advice Going Forward, CMS Says

Plus: MAC reminds practices to forward CERT documentation now.

New Medicare Beneficiary Identifiers (MBIs) will be returned on remittance advice from Medicare now, even if you sent the original claim with a valid and active Health Insurance Claim Number (HICN) instead of an MBI. However, it is important to remember that CMS will accept either the MBI or HICN for data exchanges through the transition period, which ends in January 2020.

Reminder: Last April, CMS commenced its new Medicare card initiative to replace Social Security Numbers on beneficiaries' cards with the randomly selected, 11-character MBI to combat the rising issue of identity theft. The agency urges providers to use the new MBIs immediately when billing Medicare and to "use the transition period to make sure your systems can accept and transmit MBIs," states CMS guidance.

Now: Medicare card mailings are underway for states that fall under Waves 6 and 7. CMS has finished mailing cards to people who live in Waves 1, 2, 3, 4, and 5 states.

End date: All new Medicare cards should be sent out by April 2019, according to the statutory deadline set by CMS; however, the agency suggests it might be done before this date. "Because card mailing is progressing so well, we updated the mailing schedule to include an approximate start date for the last wave, and we are on track to finish mailing new cards to all people with Medicare before April 2019," according to Medicare officials.

Critical: Medicare beneficiaries "should destroy the old red, white, and blue Medicare cards but not their Social Security, Medicare Advantage plan, or drug plan cards," advises the Oct. 11, 2018 MLN Connects. "If they belong to a Medicare Advantage plan or a Medicare drug plan (Part D), they should continue to use these cards when they get health care services or fill a prescription."

See which states are in which waves and more mailing info at www.cms.gov/Medicare/New-Medicare-Card/NMC-Mailing-Strategy.pdf.

In other news...

Don't ignore those documentation request for a follow-up due to a comprehensive error rate testing (CERT) audit, one Medicare Administrative Contractor (MAC) advises. In fact, you may want to drop those notes in the mail sooner rather than later. Apparently, providers have been lax on sending their requested data, according to a report from WPS GHA.

"The CERT office has noticed an increase in providers not submitting medical records upon request," noted the WPS GHA memo. The MAC goes on to remind Medicare providers that the CERT program will send up to four notification letters on the requests. But, if the billing practitioner ignores the repeated requests to send the documentation, "recoupment action may be initiated," the MAC warned.

Review the WPS GHA memo at www.wpsgha.com/wps/portal/mac/site/eligibility/news-and-updates/cert-program-documentation-requests.