

Part B Insider (Multispecialty) Coding Alert

Review These MBI Extras for Transition Success

Know the HICN rules for during and after the transition deadlines.

Nothing in Medicare is straightforward. It's no surprise that CMS always includes exemptions and special circumstances when it changes policy - and the MBI migration is no exception.

Consider these additional supplements that are different from the norm.

During the transition: In the months after the new cards with the unique, 11-digit Medicare Beneficiary Identifier (MBI) number are sent out, CMS offers this guidance:

- MBIs and Health Insurance Claim Numbers (HICNs) will both be accepted until Dec. 31, 2019.
- Private insurers will not use the MBI over the transition period, but instead will utilize the insurance numbers they currently give to their customers.
- Tools and systems are being designed and overhauled for providers to securely look up the MBI for beneficiaries without a Medicare card or the new card. Practices will also have the option of the "CMS HIPAA Eligibility Transaction System (HETS)" which "will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card," notes CMS Open Door Forum (ODF) materials.
- "Medicaid and supplemental insurers" will get MBIs for their beneficiaries also on Medicare.

After the transition: Here are some exceptions currently in the works:

- HICNs or MBIs will be accepted for appeals.
- HICNs will be allowed for adjustments "indefinitely for certain systems," CMS says. Check with your MAC to verify the systems.
- HICNs will be used in conjunction with Fee-for-Service (FFS) span-date claims and incoming and outgoing reports; incoming information requests; and incoming premium payments "until further notice," according to the agency's ODF materials.
- Private payers "must use the MBI for any Medicare transactions where they would have used the HICN" once the transition ends, CMS guidance suggests.