Eli's Rehab Report

Reader Questions: Identify Medicare Patient's ID Card

Question: Medicare has returned an unprecedented number of claims as unprocessable recently, and there doesn't seem to be any correlation between the rejections and certain types of billed services. How can we determine what's going on?

Georgia Subscriber

Answer: The Medicare beneficiary information you're submitting for each patient may be to blame. CMS requires an exact match between claim data and a beneficiary's card information. Here's how you can avoid rejections:

Match all three elements. To get a match on a Medicare patient, CMS previously required only three of five elements on the common working file (CWF). The new guideline now requires three of three elements. When you submit a Medicare claim, the data must match the Medicare beneficiary record on these three elements:

1. beneficiary's first name
2. beneficiary's last name (surname)
3. health insurance claim number.

Verify your records. If you haven't updated a patient's Medicare information in a while, or if you received the demographics from another source, you could be submitting outdated, incomplete or incorrect data. And a faulty match will trigger a denial.

Solution: Check patients' Medicare cards -- or you're possibly setting your claims up for failure. Verify that the name on the record matches the name on the beneficiary's Medicare card. Sometimes the denial-causing mismatch can be as simple as a different spelling of the patient's name or a missing middle initial.

If the patient indicates that the name is wrong on the card, you should still report the card information. Then advise the patient to contact his local Social Security Field Office to obtain a new corrected Medicare card.