

New Medicare Card: Claim Reject Codes After January 01, 2020

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Starting January 1, 2020, you must use Medicare Beneficiary Identifiers (MBIs) when billing Medicare regardless of the date of service:

- ⇒ Medicare will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions
- ⇒ Medicare will reject all eligibility transactions submitted with HICNs

If you do not use MBIs on claims after January 1, you will get:

- ⇒ Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- ⇒ Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"

Do not wait. Protect your patients' identities by using MBIs now for all Medicare transactions.