DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash:

REVISED product from the Medicare Learning Network® (MLN)

- "CMS Website Wheel," Educational Tool, ICN 006212, Hard Copy.

MLN Matters® Number: MM7260	Related Change Request (CR) #: CR 7260
Related CR Release Date: March 14, 2013	Effective Date: October 1, 2012
Related CR Transmittal #: R2670CP	Implementation Date: April 1, 2013

Note: This article was revised on March 15, 2013, to reflect a revised Change Request (CR). The revised CR restores the Common Working File (CWF) entitlement validation criterion (**in bold below**) used prior to the implementation of CR 7260 (October 1, 2012). The implementation date for CR 7260 was changed to April 1, 2013.The Transmittal Number, CR release date, and web address of the CR also changed. All other information remains the same.

Modification to CWF, FISS, MCS and VMS to Return Submitted Information When There is a CWF Name and HIC Number Mismatch

Provider Types Affected

This MLN Matters® Article is intended all physicians, providers, and suppliers submitting claims to Medicare contractors (fiscal intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), carriers, A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment MACs or DME MACs) for Medicare beneficiaries.

Provider Action Needed

If Medicare systems reject a claim when there is a mismatch of the Health Insurance Claim Number (HICN) with the beneficiary's personal characteristics (such as name, sex or date of birth), your Medicare contractor will return the claim to you as unprocessable with the identifying beneficiary information from the submitted claim as follows:

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- Your contractor will return to provider (RTP) Part A claims.
- Your contractor will return as unprocessable Part B claims. Your contractor will use Reason Code 140 (Patient/Insured health identification number and name do not match).

When returning these claims as unprocessable, your contractor will utilize remittance advice codes MA130 and MA61. Also, based on CR 7260, you will receive the beneficiary name information you originally submitted when the claim is returned rather than the beneficiary data associated with the potentially incorrectly entered HICN. Previously, Medicare returned the name of the beneficiary that is associated with that HICN within its files.

If an adjustment claim is received where the beneficiary's name does not match the submitted HICN, your contractor will suspend the claim and, upon their review, either correct, develop, or delete the adjustment, as appropriate.

All providers should ensure that their billing staffs are aware of these changes.

Additional Information

The official instruction, CR 7260 issued to your FI, A/B MAC, and DME/MAC regarding this change may be viewed at http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2670CP.pdf on the Centers for Medicare & Medicaid Services (CMS) website.

If you have any questions, please contact your carrier, A/B MAC, or DME MAC at their toll-free number, which may be found at http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html on the CMS website.

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