



New Medicare Beneficiary Identifier (MBI) Get It, Use It

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Note: We reissued this article on January 2, 2020, to update certain language to show the use of the MBI is fully implemented.

PROVIDER TYPES AFFECTED

This Special Edition MLN Matters® Article is for physicians, providers, and suppliers submitting claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment MACs (DME MACs) and Home Health and Hospice MACs, for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Use MBIs for all Medicare transactions. The Centers for Medicare & Medicaid Services (CMS) replaced the Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) with the MBI and mailed new Medicare cards to all Medicare beneficiaries. The cards with MBIs offer better identity protection.

With a few [exceptions](#), Medicare will reject claims you submit with Health Insurance Claim Numbers (HICNs). Medicare will reject all eligibility transactions you submit with HICNs.

There are 3 ways you and your office staff can get MBIs:

1. Ask your Medicare patients

Ask your Medicare patients for their Medicare cards when they come for care. If they don't bring it with them when they come for care, give them the Get Your New Medicare Card flyer in [English](#) or [Spanish](#).

2. Use your MAC's secure MBI look-up tool

You can look up MBIs for your Medicare patients when they don't or can't give them. [Sign up](#) for the Portal to use the tool. Even if your patients are in a Medicare Advantage Plan, you can look up their MBIs to bill for things like indirect medical education.

You must have your patient's Social Security Number (SSN) to search and it may differ from the HICN, which uses the SSN of the primary wage earner. If your Medicare patient doesn't want to

give the SSN, tell your patient to log into mymedicare.gov to get the MBI.

If the look-up tool returns a last name matching error and the beneficiary's last name includes a suffix, such as Jr. Sr. or III, try searching without and with the suffix as part of the last name.

3. Check the remittance advice

If you previously saw a patient and got a claim payment decision based on a claim submission with a HICN before January 1, 2020, look at that remittance advice. We returned the MBI on every remittance advice when a provider submitted a claim with a valid and active HICN from October 1, 2018 through December 31, 2019.

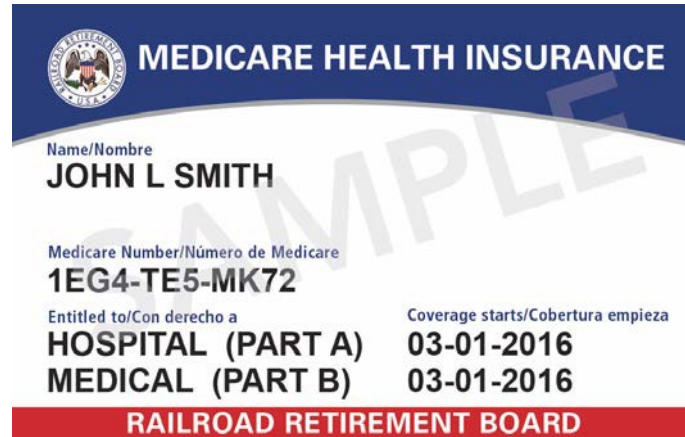
BACKGROUND

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required CMS to remove SSNs from all Medicare cards. CMS replaced the SSN-based HICN with a new, randomly generated MBI. **The MBI hyphens on the card are for illustration purposes: don't include the hyphens or spaces on transactions.** The MBI uses numbers 0-9 and all uppercase letters except for S, L, O, I, B, and Z. We exclude these letters to avoid confusion when differentiating some letters and numbers (for example, between "0" and "O"). Review the [MBI specifications format](#).



The Railroad Retirement Board (RRB) also mailed Medicare cards with MBIs. There is a RRB logo in the upper left corner and "Railroad Retirement Board" at the bottom, but you can't tell from looking at the MBI if your patient is eligible for Medicare because they're a railroad retiree. You can identify them by the RRB logo on their card, and we return a "Railroad Retirement Medicare Beneficiary" message on the Fee-For-Service (FFS) MBI eligibility transaction response.

RRB Issued Medicare Card



Use the MBI the same way you used the HICN. This also applies to reporting informational only and no-pay claims. **Don't use hyphens or spaces with the MBI to avoid rejection of your claim.** Use the MBI on Medicare transactions including Billing, Eligibility Status, and Claim Status. The effective date of the MBI is the date each beneficiary was or is eligible for Medicare. If you don't use the MBI, we will reject claims, with few [exceptions](#). 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- paper notice; 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"

The beneficiary or their authorized representative can request an MBI change. CMS can also change an MBI. An example is if the MBI is compromised. It's possible for your patient to seek care before getting a new card with the new MBI.

If you get a HETS eligibility transaction error code (AAA 72) of "invalid member ID," your patient's MBI may have changed. There are different scenarios for using the old or new MBIs:

FFS claims submissions with:

- Dates of service before the MBI change date – use old or new MBIs.
- Span-date claims with a "From Date" before the MBI change date – use old or new MBIs.
- Dates of service that are entirely on or after the effective date of the MBI change – use new MBIs.

FFS eligibility transactions when the:

- Inquiry uses new MBI – we'll return all eligibility data.
- Inquiry uses the old MBI and request date or date range overlap the active period for the old MBI – we'll return all eligibility data. We'll also return the old MBI termination date.
- Inquiry uses the old MBI and request date or date range are entirely on or after the effective date of the new MBI – we'll return an error code (AAA 72) of "invalid member ID."

When the MBI changes, we ask the beneficiary to share the new MBI with you. You can also get the MBI from your MAC's secure MBI lookup tool.

Exceptions

You MUST submit claims using MBIs, no matter what date you performed the service, with a few exceptions:

- Appeals – You can use either HICNs or MBIs for claim appeals and related forms.
- Claim status query – You can use the HICN or MBI to check the status of a claim (276 transactions) if the earliest date of service on the claim is before January 1, 2020. If you are checking the status of a claim with a date of service on or after January 1, 2020, you must use the MBI.
- Span-date claims – You can use HICNs or MBIs for 11X-Inpatient Hospital, 32X-Home Health (home health final claims and Request for Anticipated Payments [RAPs]) and 41X-Religious Non-Medical Health Care Institution claims if the "From Date" is before the end of the transition period (December 31, 2019). If a patient starts getting services in an inpatient hospital, home health, or religious non-medical health care institution before December 31, 2019, you may submit a claim using either the HICN or the MBI, even if you submit it after December 31, 2019.

Medicare crossover claims

Medicare's Coordination of Benefits Agreement (COBA) trading partners (supplemental insurers, Medigap plans, Medicaid, etc.) must submit the MBI to get Medicare crossover claims. [Exceptions](#) on use of HICN on outbound Medicare crossover claims will apply.

Remember:

The MBI doesn't change Medicare benefits. **Protect the MBI as Personally Identifiable Information (PII); it is confidential.**

Medicare Advantage and Prescription Drug plans continue to assign and use their own identifiers on their health insurance cards. For patients in these plans, continue to ask for and use the plans' health insurance cards.

ADDITIONAL INFORMATION

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

To sign up for your MAC's secure portal MBI look-up tool, visit <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf>.

The MBI format specifications, which provide more details on the construct of the MBI, are available at <https://www.cms.gov/Medicare/New-Medicare-Card/Understanding-the-MBI.pdf>.

DOCUMENT HISTORY

Date of Change	Description
January 2, 2020	We reissued the article to update certain language to show the use of the MBI is fully implemented.
August 19, 2019	We reissued this article to show that all new Medicare cards have been mailed, to encourage providers to use MBIs now to protect patients' identities, to emphasize that providers must use MBIs beginning January 1, 2020, and to explain the rejection codes providers will get if they submit a HICN after January 1, 2020.
March 6, 2019	We revised this article to add language that the MBI look-up tool can be used to obtain an MBI even for patients in a Medicare Advantage Plan. All other information remains the same.
December 10, 2018	The article was revised to update the language regarding when MACs can return an MBI through the MBI look up tool (page 1). All other information remains the same.
July 11, 2018	This article was revised to provide additional information regarding the format of the MBI not using letters S, L, O, I, B, and Z (page 2).
June 25, 2018	This article was revised to provide additional information regarding the ways your staff can get MBIs (page 1).
June 21, 2018	The article was revised to emphasize the need to submit the MBI without hyphens or spaces to avoid rejection of your claim.
May 25, 2018	Initial article released.

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