



mlnconnects

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SPECIAL EDITION

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Most HICN Claims Reject – Regardless of Date Service

Use Medicare Beneficiary Identifiers (MBIs) now to avoid claim and eligibility transaction rejects. Starting January 1, 2020, regardless of the date of service on the Medicare transaction, most Social Security Number – based Health Insurance Claim Number (HICN) Medicare transactions will reject with a few [exceptions](#). 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”

Thank you for transitioning to MBIs during the 21 month transition period, protecting your patients from identity theft.

- You are currently submitting 87% of claims with MBIs.
- If your patient doesn’t have their new card, give them the Get Your New Medicare Card flyer in [English](#) or [Spanish](#).
- Get MBIs through the MAC portals ([sign up \(PDF\)](#)) now and after the transition period. You can also find the MBI on the remittance advice.
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See the [MLN Matters Article \(PDF\)](#) for more information on getting and using MBIs..

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