

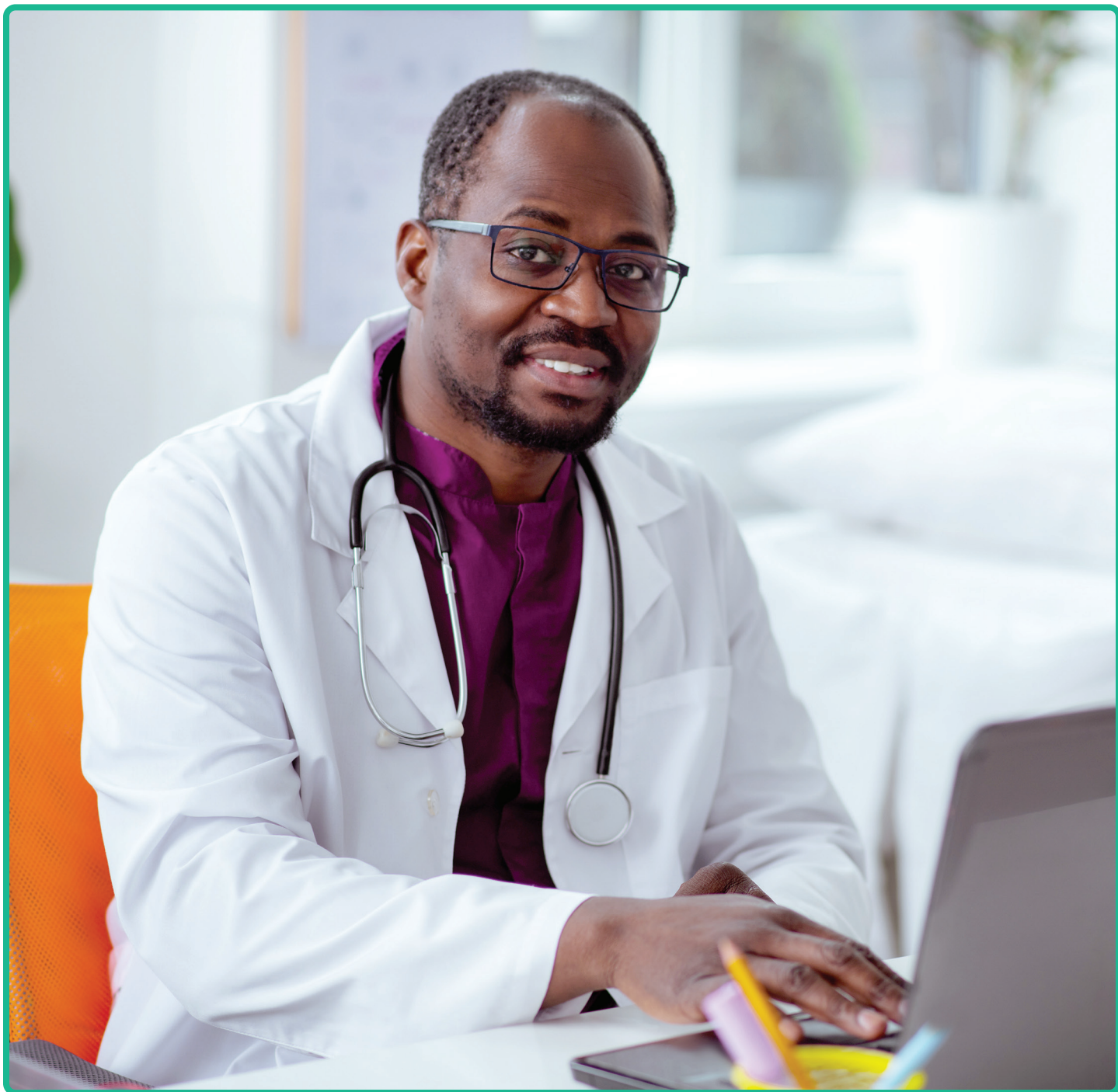


mln

FACT SHEET

KNOWLEDGE • RESOURCES • TRAINING

Checking Medicare Eligibility



What's Changed?

- Added new eligibility services (page 4)
- Added information about business associates under billing agencies, clearinghouses, or software vendors (page 5)

Substantive content changes are in dark red.

People who meet these requirements are eligible for Medicare:

- 65 or older
- Under age 65 with certain disabilities
- Any age with ESRD

To find out the entitlement reason, check the eligibility response.

Check Your Patient's Eligibility

Check patient eligibility through these online tools and services:

- Medicare Administrative Contractor (MAC) online provider portal
- MAC Interactive Voice Response (IVR) system
- Billing agencies, clearinghouses, or software vendors
- Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS)

To check eligibility, enter your patient's:

- MBI
- First and last name
- Date of birth (MM/DD/YYYY)

When the information matches a Medicare record, we'll return an eligibility response containing information like:

- Date of death, if applicable
- [Deductibles and coinsurance](#)
- Demographics
- Entitlement
 - Part A
 - Part B
 - Reason
- Hospital lifetime reserve days remaining
- Medicare Advantage Plan
- Medicare drug plan (Part D)
- Medicare Secondary Payer

You refers to the provider billing Medicare-covered supplies or services.

You may see different Medicare eligibility responses based on the tool you use.

For a Medicare Advantage enrollee, the eligibility response shows the patient's Medicare Advantage Plan, plan enrollment effective and termination dates, and plan contact information. Direct your eligibility query to the identified plan in the response. We don't have plan coverage and paid claims information to determine eligibility for items or services.

- Periods & Spells
 - ESRD
 - Home health
 - Hospice
 - Hospital
 - [Qualified Medicare Beneficiary](#)
 - Skilled nursing facility and benefit days remaining
- Services
 - Acupuncture
 - **Audiology**
 - Cardiac rehabilitation
 - **Check for HCPCS or CPT codes, if prior authorization is required**
 - Cognitive Assessment & Care Plan Services
 - Medicare Diabetes Prevention Program
 - Preventive: HCPCS or CPT codes, dates of service, and NPI, or next eligible date
 - Pulmonary rehabilitation
 - Therapy

You can use the information in the eligibility response to prepare accurate Medicare claims, determine patient liability, or check eligibility for specific items or services.

Preventive Services Eligibility Data

You can check when your patients are eligible for preventive services. When you know past dates of service or next eligible dates, you can:

- Encourage your patients to get the preventive services they need
- Better coordinate care with other health care providers
- Help advance health equity

The next eligible date may be a future date, meaning you can't provide the service until that date. Or, it may be a past date, meaning your patient has been eligible for the service since that date and you can provide the service now.

We calculate next eligible dates from claims paid under the Medicare Fee-for-Service (FFS) Program. For some preventive services, we return FFS paid claims CPT or HCPCS codes, dates of service, and NPI so you can coordinate care. Use this information along with the [Medicare Preventive Services](#) educational tool to determine coverage and frequency.

MAC Online Provider Portal

Each MAC offers its own Medicare online provider portal so you can access information anytime.

MAC IVR System

Each MAC offers its own Medicare IVR. You can access information anytime. Verify your identity in the automated phone system with your:

- NPI
- Provider Transaction Access Number (PTAN)
- Last 5 digits of your Tax Identification Number (TIN)

Find your [MAC's website](#) to register for their portal or for more information on using their IVR.

Billing Agencies, Clearinghouses, or Software Vendors

Third-party entities like [billing agencies, clearinghouses, or software vendors](#) can verify Medicare coverage.

If you hire a third-party entity, ask them:

- If they use sub-contractors
- How they protect your data
- If the data goes outside the U.S.

Billing agencies, software vendors, and clearinghouses may be referred to as [business associates](#).

While HIPAA rules don't include requirements about business associates protecting electronic health information processed or stored outside the U.S., your risk may vary depending on geographic location.

In particular, if the third-party entity outsources work overseas, you may take on greater risks and vulnerabilities to the information. As a HIPAA-covered entity, consider these risks when conducting your risk analysis and management as required by the Security Rule at [45 CFR 164.308\(a\)\(1\)\(ii\)\(A\)](#) and [\(a\)\(1\)\(ii\)\(B\)](#).

HETS

HIPAA Eligibility Transaction System (HETS) allows you to access information anytime. You can get 4 years of eligibility data.

Get a complete list of HETS 271 eligibility data in the [HETS Companion Guide](#).

Get information on how to sign up for HETS in the [HETS 270/271 FAQs](#).

MAC portals, IVR systems, and billing agencies, clearinghouses, or software vendors use HETS data.

Resources

- [HIPAA Basics for Providers: Privacy, Security, & Breach Notification Rules](#)
- [HIPAA Eligibility Transaction System](#)
- [HIPAA Privacy Rule Business Associates Guidance](#)
- [Medicare Billing: 837I & Form CMS-1450](#)
- [Medicare Billing: 837P & Form CMS-1500](#)
- [Medicare Secondary Payer: Don't Deny Services & Bill Correctly \(PDF\)](#)

View the [Medicare Learning Network® Content Disclaimer and Department of Health & Human Services Disclosure](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).