Pre-Adjudication Message About MBI

The Centers for Medicare and Medicaid Services (CMS) has replaced all Medicare Social Security-based member identifiers, also known as the Health Insurance Claim Number (HICN), with a new Medicare Beneficiary Identifier (MBI).

Effective January 1, 2020, in alignment with the CMS Medicare Card Replacement Initiative, eMedNY will reject all inbound claims with Medicare COB data that contains the HICN of the Medicare Member; the MBI is required for all COB reporting for clients with Medicare reported on a claim as COB after January 1, 2020.

For submitters of the X12 837 Claim, the 277 Claims Status Acknowledgment rejection coding is: A7|162|GB

For the 837 – the MBI is located in LOOP ID - 2330A OTHER SUBSCRIBER NAME

For ePACES Users, a message on the Claim Status screen will say:

- A7 Acknowledgement/Rejected for Invalid Information- The claim/encounter has invalid information as specified in the Status Details and has been rejected
- 162 Entity's health insurance claim number (HICN)
- GB Other Insured

    ePACES Users can correct the Medicare ID/MBI on the Other Payer Tab. For Institutional claims it is the Member ID field. For Professional claims it is the Primary ID field.

eMedNY has posted resources for providers about the MBI here: https://www.emedny.org/info/MBI/index.aspx

Questions? Please call the eMedNY Call Center at (800) 343-9000