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FACT SHEET
KNOWLEDGE • RESOURCES • TRAINING

Checking Medicare Eligibility

What's Changed?

- We added clarification on pulmonary rehabilitation billing (page 3).
- We removed Medicare Administrative Contractor (MAC) Interactive Voice Response (IVR) system under online tools and services to check eligibility. CMS directed MACs to remove the IVR patient eligibility check and refer providers to other available options. Your MAC will let you know their timeline for IVR changes.

Substantive content changes are in dark red.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

Medicare Eligibility

Your patients who meet these requirements may be eligible for Medicare:

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

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

Check Your Patients' Eligibility

Check patient eligibility through these online tools and services:

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

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

To check eligibility, you'll need your patient's:

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

When the information matches a Medicare record, we 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 (MA)
- Medicare drug plan (Part D)
- Medicare Secondary Payer

For an MA enrollee, the eligibility response shows the patient's MA 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 and 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 and care planning
  - Medicare Diabetes Prevention Program
  - Preventive: HCPCS or CPT codes, dates of service, and NPI, or next eligible date
  - Pulmonary rehabilitation: After 36 sessions, use the KX modifier for up to 36 additional sessions (up to 72 sessions total)
  - Therapy

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

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.

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.

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.

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

Get information on how to sign up for HETS in the HETS 270/271 FAQs.

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