

Revision of PWK (Paperwork) Fax/Mail Cover Sheets MLN Matters Number

November 14, 2017

Effective Date: April 1, 2018

Implementation Date: April 2, 2018

PROVIDER ACTION NEEDED: Change Request (CR) 10124 alerts providers that their MAC will provide revised fax/mail cover sheets via hardcopy and/or electronic download. These revised documents are attached to CR10124. There are three paperwork (PWK) attachments to CR10124 (**See attachment**):

- (1) Medicare Part A Fax/Mail Cover Sheet**
- (2) Medicare Part B Fax/Mail Cover Sheet and**
- (3) Medicare DME MAC Fax/Mail Cover Sheet**

CR10124 revises the three PWK Fax/Mail Cover Sheets to remove Health Insurance Claim Number (HICN) from the forms and replace it with Medicare ID. HICN is being removed from the forms as part of the Medicare Access and CHIP Re-authorization Act (MACRA) of 2015, which requires removal of the Social Security Number-based HICN from Medicare cards within 4 years of enactment. These Fax/Mail Cover sheets are used so that providers are able to continue to submit electronic claims, which require additional documentation.

Insert Company Logo here

Medicare Part A Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: <small>(Exactly as entered in the PWK loop on the claim):</small>		DCN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

Title at discretion of contractor

State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)	State Information (State in which services rendered)
Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information	Return Address/Fax Information

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Medicare Part B Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete ONE (1) Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		ICN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

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Medicare DMAC Fax/Mail Cover Sheet

Complete all fields and fax or mail the form to the applicable address/number provided at the bottom of the page. Complete **ONE (1)** Medicare Fax/Mail Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim.

ACN: (Exactly as entered in the PWK loop on the claim):		ICN:
Beneficiary: Last Name	First Name	Medicare ID:
Date(s) of Service: From	To	Total Claim Billed Amount:
Billing Provider's Name:		Contact and Phone Number:
NPI:		
State Where Services Were Provided:		Total Number of Documentation Pages (including cover sheet):

Title at discretion of contractor

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