



## Checking Eligibility in Novitasphere

Updated: 11/19/2025

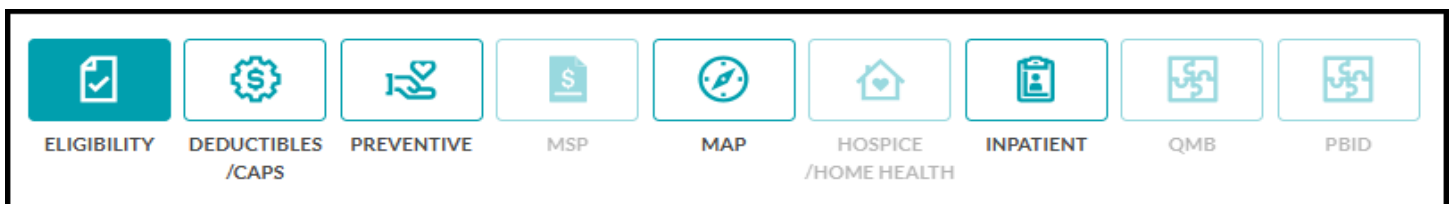
The Eligibility feature in Novitasphere interfaces directly with the CMS HIPAA Eligibility Transaction System (HETS) to pull back patient information. To check eligibility, enter:

- Beneficiary First Name\*
- Beneficiary Last Name\*
- Suffix
- Medicare Beneficiary ID or Date of Birth\*
- Date(s) of Service\*

\* indicates a required field by HETS to obtain information.

**To protect the privacy of beneficiary data**, the subscriber first name, last name and Medicare Beneficiary ID must match the beneficiary's data maintained by Medicare and is located on the beneficiary's Medicare card; otherwise, eligibility data will not populate.

Once submitted, the Eligibility submenu icons tabs will appear as shown below.



Tab Name	Content
Eligibility	<ul style="list-style-type: none"> <li>• End Stage Rental Disease (ESRD) Dates</li> <li>• Acupuncture Benefits</li> <li>• Part A and B Eligibility Effective and Termination Dates</li> <li>• Inactive Periods</li> <li>• MDPP Eligibility</li> <li>• Inactive MDPP Periods</li> </ul>
Deductible/Caps	<ul style="list-style-type: none"> <li>• Current Year Part A and B base amount and remaining deductible</li> <li>• Free Services</li> <li>• Part B Plan Coinsurance and Coinsurance Free</li> <li>• Blood Deductible units remaining</li> <li>• Outpatient Mental Coinsurance</li> <li>• Therapy Cap used amount</li> <li>• Rehabilitation Session information</li> </ul>

Tab Name	Content
<b>Preventative Services</b>	<ul style="list-style-type: none"> <li>• Smoking cessation sessions remaining, base sessions, and initial session date</li> <li>• Preventive services procedure codes, Technical and Professional dates</li> <li>• Medicare Diabetes Prevention Program (MDPP) with no prior usage</li> <li>• MDPP with prior usage</li> <li>• Services with prior usage</li> <li>• PPV with no prior usage</li> <li>• COVID-19 Immunization</li> <li>• Influenza (Flu) Vaccination</li> <li>• Cognitive services</li> </ul>
<b>MSP (Medicare Secondary Payer)</b>	<ul style="list-style-type: none"> <li>• Type Code for why Medicare is secondary</li> <li>• Effective and Termination dates for the primary insurance</li> <li>• MSP diagnosis codes</li> <li>• Policy Number</li> <li>• Insurer's name and address</li> </ul>
<b>MAP (Medicare Advantage Plan)</b>	<ul style="list-style-type: none"> <li>• Name of the beneficiary's insurance</li> <li>• Contractor number, plan number, and plan name</li> <li>• Plan type</li> <li>• MCO Bill Opt Code</li> <li>• Effective and Termination Dates for the MAP plan</li> <li>• Address and telephone (if available) for the plan</li> </ul>
<b>Hospice/Home Health</b>	<ul style="list-style-type: none"> <li>• Home Health Certification HCPCS codes and recertification date</li> <li>• Home Health Care start and end dates, earliest and latest billing dates, provider number and Medicare contractor name and number.</li> <li>• Hospice effective and termination dates, provider number, and revocation code.</li> </ul>
<b>Inpatient</b>	<ul style="list-style-type: none"> <li>• Hospital Information <ul style="list-style-type: none"> <li>○ Date of earliest/latest billing activity</li> <li>○ Co-payment information</li> <li>○ Lifetime Reserve Days</li> </ul> </li> <li>• Hospital Stay <ul style="list-style-type: none"> <li>○ Date of earliest/latest billing activity for spell of illness</li> <li>○ The full Hospital stay begin and end dates.</li> </ul> </li> <li>• Skilled Nursing Facility (SNF) Information <ul style="list-style-type: none"> <li>○ Date of earliest/latest billing activity for spell of illness</li> <li>○ Full days remaining in the spell</li> <li>○ SNF co-payment days remaining and amount</li> <li>○ If no information populates in the SNF spell fields, the beneficiary has all full and co SNF days available for the dates entered.</li> </ul> </li> <li>• SNF Stay</li> <li>• Psychiatric Information <ul style="list-style-type: none"> <li>○ Lifetime Base days</li> <li>○ Lifetime Psychiatric Remaining days</li> </ul> </li> </ul>
<b>QMB (Qualified Medicare Beneficiary)</b>	<ul style="list-style-type: none"> <li>• QMB Medicaid Enrollment effective date, termination date, and plan type.</li> <li>• QMB Deductible – This field will always display 0 for a Qualified Medicare Beneficiary</li> <li>• QMB Inpatient Spell</li> <li>• QMB Hospital Information</li> <li>• QMB SNF Information</li> </ul>
<b>PBID (Part B Immunosuppressant Drug)</b>	<ul style="list-style-type: none"> <li>• PBID Effective and termination date</li> </ul>