Checklist for Claims Submission

To facilitate timely and appropriate reimbursement, physicians and their staff should ensure that coding and documentation is complete and accurate. Included below are some helpful reminders.

Medicare Part B Claims:

- Ensure that electronic claims meet the requirements of claim implementation guides adopted as national standards under Health Insurance Portability and Accountability Act (HIPAA).
- FIs, Carriers, and MACs process claims for assigned states. Jurisdiction is based on the beneficiary's address on file with the Social Security Administration. Suppliers should verify that the address they have on file for a beneficiary is the same address on file with Social Security Administration. This will help to ensure claims are sent to the correct contractor for processing.

All Claims:

- Verify that the patient's identification number and all other information is entered correctly.
- Ensure that the patient's name and address match the insurer's records.
- Verify that the provider's NPI number is included on the claim.
- Use the most appropriate ICD-10-CM diagnosis and CPT procedure codes associated with each individual patient's diagnosis and care.
- Ensure the medical record contains appropriate documentation to support the diagnosis and procedure codes submitted on the claim.
- When billing for drugs, ensure the following information is provided on the claim form if required by the payor:
    - Name of the drug, HCPCS code, and 11-digit NDC number
    - Frequency of administration
    - Route of administration
    - Number of units administered
- Use the correct CPT and/or HCPCS codes and modifiers where and when appropriate.
- Indicate the setting where the service was provided (eg, physician office or hospital
- outpatient).
- File the claim in a timely fashion.
- Provide complete and accurate information upon request.