

Checklist for Claim 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).
- Check to make sure that the beneficiary's address on the physician's file is the same address listed on file with the Social Security Administration. The jurisdiction for claims processed by Fiscal Intermediaries (FIs), Carriers and MACs is determined by the beneficiary's address on file with the Social Security Administration. Address verification 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 physician's National Provider Identifier (NPI) number is included on the claim.
- Use the most appropriate ICD-9-CM diagnosis and/or procedure codes 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.
- Ensure the following information is provided on the claim form if required by the payor when billing for covered drugs:
 - Name of the drug and 11-digit NDC number
 - Number of units of GLIADEL® Wafer implanted on the CMS-1450 (UB-04) claim form
- Use the correct CPT codes modifiers where and when appropriate.
- Indicate the setting where the service was provided (e.g. hospital inpatient).
- File the claim in a timely fashion.
- Provide complete and accurate information upon request