

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.

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-10-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

****This information provided as an example. This should not be construed as legal advice on how to get a claim approved.***