5 ways to check your claims
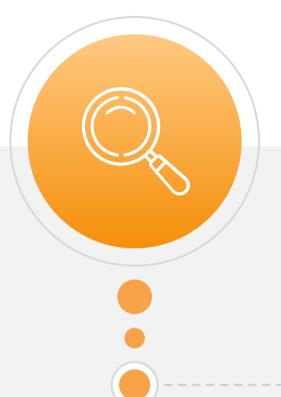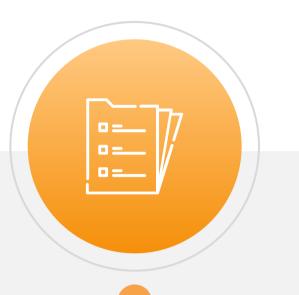
Healthcare providers must ensure they're in compliance with coding standards for their claims to be processed and paid. Here are a few considerations for finalizing claims for submission.
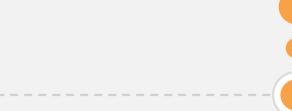
Double-check claims to ensure all data elements are populated, including member demographics (i.e., Member ID)

Ensure the appropriate modifiers or place of service code is used based on procedure codes or coverage agreements

Check new patient vs. established patient billing restrictions

Confirm CPT and ICD-10 code combinations are reimbursable and not subject to payer-specific billing edits

Confirm QHP billing and incident-to rules where applicable