

CHECKLIST FOR PROMPT CLAIMS PAYMENT

| TASK | COMPLETED |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| INCLUDE ALL THE APPROPRIATE CLAIM INFORMATION FOUND ON A STANDARD CLAIM FORM (HCFA 1500 OR UB-92) | <input type="checkbox"/> |
| USE CPT-4 CODING SCHEMES TO DESIGNATE PROCEDURES AND ICD-9-CM CODES FOR DIAGNOSES | <input type="checkbox"/> |
| BILL YOUR CUSTOMARY CHARGE – REIMBURSEMENT WILL BE BASED ON YOUR CONTRACT <i>*If your usual and customary charge is not billed, claims may be sent back to you unprocessed for correction.</i> | <input type="checkbox"/> |
| BILL WITHIN 180 DAYS OF DATE OF SERVICE | <input type="checkbox"/> |
| ELECTRONIC CLAIMS ARE SENT TO APPROPRIATE PAYER <i>*If you cannot send claims electronically, we may be able to help you.</i> | <input type="checkbox"/> |
| ACCURATE COMPLETION OF CLAIM FORMS | <input type="checkbox"/> |
| VERIFY MEMBER’S ELIGIBILITY AND BENEFITS PRIOR TO SERVICES | <input type="checkbox"/> |
| MAIL CLAIMS DAILY OR WEEKLY; DO NOT ACCUMULATE CLAIMS | <input type="checkbox"/> |
| SUBMIT CLAIM ELECTRONICALLY | <input type="checkbox"/> |
| SUBMIT CLAIMS TO THE CLAIMS OFFICE IDENTIFIED ON THE BACK OF THE MEMBER’S ID CARD | <input type="checkbox"/> |

Why a Claim Payment is Delayed

- ⊗ **INSUFFICIENT DATA OR INELIGIBLE DATA**
- ⊗ **WRONG NAME, GROUP OR ID NUMBER (SOCIAL SECURITY OR OTHER)**
- ⊗ **NAME OF PAYER OR CARRIER NOT IDENTIFIED**
- ⊗ **NO AUTHORIZATION FROM MCC**