

## CLAIMS INFORMATION

### 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