The KMC University Reimbursement Checklist

A clean claim is one that has no defect, impropriety, or special circumstance, including incomplete documentation that delays timely payment. The Centers for Medicare and Medicaid Services (CMS) developed claim forms that record the information needed to process and generate provider reimbursement. The required elements of a clean claim must be complete, legible, and accurate. According to the Prompt Payment Act of 1982, clean claims must be paid or denied within 30 days from receipt. An "unclean claim" is defined as an incomplete claim, a claim that is missing any of the information listed below, or a claim that has been suspended in order to get more information from the provider. Use this checklist as a self-assessment tool to review required and suggested elements of the required clean claim form.

Prior to Data (Charge) Entry

Checked the patient's eligibility or insurance status
Verified insurance benefits and coverage limitations
Consulted the Medical Review Policy for additional requirements or limitations

The 1500 Claim Form

Items 1 through 13
Patient Information

- Subscriber's/patient's plan ID number **(field 1a)**
- Patient's name **(field 2)**
- Patient's date of birth and gender **(field 3)**
- Subscriber's name **(field 4)**
- Patient's address (street or P.O. Box, city, zip) **(field 5)**
- Patient's relationship to subscriber **(field 6)**
- Subscriber's address (street or P.O. Box, City, Zip Code) **(field 7)**
- Other Insured's Name (if field 11d indicates your patient has other coverage complete fields 9, 9a, and 9d. (otherwise leave blank) **(field 9)** *
- Whether patient's condition is related to employment, auto accident, or other accident **(field 10)**
- Subscriber's policy number **(field 11)** *
- Subscriber's birth date and gender **(field 11a)** *
- HMO or preferred provider carrier name **(field 11c)** *
- Disclosure of any other health benefit plans **(field 11d)** *
- Patient's or authorized person's signature that the signature is on file with the physician or provider **(field 12)**
- Subscriber's or authorized person's signature that the signature is on file with the physician or provider **(field 13)**

NOTE: Be sure the diagnosis points (field 24E) to the assigned diagnosis (listed in field 21). Some software settings will cause all the pointers to populate for each line of service. Field 24E should point ONLY to the diagnosis that corresponds to that procedure (line item).

*This field is payer specific. Please consult the payer's reimbursement policy.

Items 14 through 33
Provider Data

- Date of current illness, injury, or pregnancy **(field 14)**
- First date of previous, same, or similar illness **(field 15)**
- Name of referring provider or other source **(field 17)**
- Referring provider NPI number **(field 17b)**
- Diagnosis codes or nature of illness or injury (current ICD-10 codes are required effective 10/1/15) **(field 21)**
- Date(s) of service **(field 24A)**
- Place of service codes **(field 24B)**
- Procedure/modifier code (current CPT or HCPCS codes are required) **(field 24D)**
- DX Pointer – diagnosis code (ICD-10 codes are required effective 10/1/15) by specific service **(field 24E)**
- Charge for each listed service **(field 24F)**
- Number of days or units **(field 24G)**
- Rendering provider NPI **(field 24J)**
- Physician's or provider's federal taxpayer ID number **(field 25)**
- Total charge **(field 28)**
- Signature of physician or provider that rendered service, including indication of professional license (e.g., MD, LCSW, etc.) or notation that the signature is on file with the HMO or preferred provider carrier **(field 31)**
- Name and address of facility where services rendered (if other than home or office) **(field 32)**
- The service facility Type 1 NPI (if different from main or billing NPI) **(field 32a)**
- Physician's or provider's billing name and address **(field 33)**
- Main or billing Type 1 NPI number **(field 33a)**