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.