MSN Global
Medical Billing & RCM

Clean Claim Submission Checklist

Use this pre-submission checklist to reduce preventable claim rejections and payer edits.

Practice _____	**Payer** _____
Date of Service _____	**Prepared By** _____

Patient & Coverage

- ■ Patient name, DOB and member ID match payer records.
- ■ Payer and plan are correct for date of service.
- ■ Eligibility / coverage is confirmed.
- ■ Coordination of benefits information is current.

Provider & Enrollment

- ■ Billing and rendering NPI values are correct.
- ■ Taxonomy and service location are correct.
- ■ Provider participation / enrollment is effective for date of service.
- ■ Referring / ordering provider information is present when required.

Claim Content

- ■ Dates of service and place of service are correct.
- ■ Diagnosis and procedure codes are complete and internally consistent.
- ■ Modifiers are supported and correctly sequenced.
- ■ Units, charges and required claim notes are complete.
- ■ Authorization / referral number is included where required.

Final Validation

- ■ Claim passes clearinghouse edits.
- ■ Payer-specific edits are reviewed.
- ■ Duplicate-claim risk is checked.
- ■ Claim submission is within timely filing limits.