

Checklist for Completing the CMS-1500 Claim Form

- Keep the patient's demographic and insurance information updated for accuracy.**
- Verify each patient's benefits before service. Use an Advance Beneficiary Notice (ABN) and Patient Financial Responsibility Agreement (PFRA) form to establish the patient's responsibility.**
- Verify restrictions and prior authorization requirements; get instructions for these processes.**
- If required by the payer, or by special circumstances, consider attaching a letter of medical necessity to your initial claim, detailing why the vaccine was chosen for a specific patient.**
- Re-check claims for coding accuracy.**
- File claims in a timely manner to comply with the insurer's time limits.**
- Follow up with insurers if appropriate.**
- Review Remittance Advice (RA) and Explanation of Benefits (EOB) from insurers for accuracy.**
- Prepare to appeal any denials with supportive literature.**
- Consider other resources to resolve denials (eg, patient's employer group and the patient).**

Please note that this checklist is provided for informational purposes only and is not intended to serve as comprehensive training on medical billing and coding. Additional training on medical coding may be required. The information in this checklist is believed to be accurate as of the date of publication. Users should independently verify accuracy.

Healthcare providers are responsible for making the ultimate decision on when to use a specific product based on clinical recommendations and how to bill for products and related services rendered. Consult third-party insurers' guidelines for specific information regarding the billing and reporting of services rendered.

