

Immunization Billing Program Checklist

The following checklist includes important aspects to consider when setting up a billing program. For additional information visit [Immunization Program Billing](http://www.health.state.mn.us/divs/idepc/immunize/billing/index.html) (www.health.state.mn.us/divs/idepc/immunize/billing/index.html).

Enrollment

- National Provider Identifier
- Taxonomy Number

Contracts

- Contract applications

Credentialing

- Credentialing applications

Electronic Funds Transfer (EFT)

- Sign up for EFT automated services through health plans

Computer Equipment

- Make sure the proper computer equipment is available

Staffing

- Hire or assign billing staff

Billing Software

- Research and choose a medical claims management system that meets your practice needs

Policies and Procedures

- Create a policy and procedure manual

Health Plan Website Registration

- Register with each health plan to have access to their secure websites

Appointment Scheduling

- Create a process to pre-register patients prior to their appointments—possible information to collect that will help perform insurance verification:
 - Patient name
 - Policyholder's name and date of birth
 - Insurance carrier's name
 - Group and policy number
- Perform insurance verification through medical claims management systems or the health plans' provider portals

IMMUNIZATION BILLING PROGRAM CHECKLIST

Create Forms

Patient Registration form completed for every patient—possible items to include in this form are:

- Account number
- Patient name
- Date of birth and sex/gender
- Contact information: address and phone (cell, home, other)

If patient is a minor, collect:

- Name of parent/guardian and contact information

Insurance information (make a copy of patient's insurance card, front and back):

- Name
- Policy and group number
- Policyholder name
- Policyholder date of birth and social security number

Encounter form – usually filled out by the provider after the patient encounter and could include:

- Patient name
- Reference/Account number to identify and match documentation of services
- Place of service (i.e. office, hospital, etc.)
- Date of service
- Procedure list (practice's most common procedures and their codes)
- Procedure codes (annually updated and books are available for purchase):
 - Current Procedural Terminology (CPT)
 - Healthcare Common Procedure Coding System (HCPCS)
- Diagnosis list (diagnosis codes that apply to the most common procedures)
- Diagnosis codes (annually updated and books are available for purchase):
 - International Classification of Diseases (ICD)
- Amount paid (balance due payments made by the patient at the time of the encounter [i.e. deductibles, co-payments, etc.])
- Patient return (date when the patient should be seen for follow-up)
- Practice and provider information (demographic information and Federal Tax ID number)

Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices

HIPAA Privacy Notice signed by patients

Claims Submission

Data entry into a Practice Management System or a direct data entry system

Reimbursement/payment from Health Plans

Document paper check or Electronic Funds Transfer (EFT) payments

Document paper or electronic Remittance Advice (RA) or Explanation of Benefits (EOB)

After payment is received from the health plan, apply the payment to the patient's account

Claims Denials

Determine why the claim denied and correct the issue

Resubmit the claim