

## 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 \(www.health.state.mn.us/people/immunize/hcp/billing/index.html\)](http://www.health.state.mn.us/people/immunize/hcp/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

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### 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