Superior HealthPlan -Claims CheckList-Common Billing Errors

Clean Claim Filing – Required Elements
Obtain and utilize Mesav for applicable billing relative to: • Eligibility • Service Authorization • Level of Care • Applied Income
Confirm billed services have not been prior submitted on a claim
Tax Identification number is included on claim and correct
Bill Type is included on claim and correct
Revenue code is included on claim correct
ICD-10: • ICD-10 diagnosis code must be valid to 4th or 5th digit as necessary • ICD-10 diagnosis code must be valid as primary diagnosis • ICD-10 admitting diagnosis code is valid
Billed units match days billed
Claim is submitted for one month span of service
Discharge hour is valid with Discharge status is "30"
Changes in RUG for a single member must be billed on separate claims
Remittance Processing: • Payments are posted to correct patients and month • Zero Payment remittances are processed/posted (NEG BAL)