

FREE DME BILLING SUCCESS CHECKLIST

Step-by-step actions to reduce
denials & get paid faster



1. Verify Patient & Insurance Information

- ✓ Confirm patient demographics & insurance coverage before delivery
- ✓ Verify prior authorizations and medical necessity forms (CMNs)
- ✓ Collect all required prescriptions and referrals

2. Apply Correct HCPCS Codes & Modifiers

- ✓ Use the accurate HCPCS codes for each device and service
- ✓ Apply necessary modifiers to prevent denials
- ✓ Keep payer-specific coding rules up to date

3. Ensure Complete Documentation

- ✓ Complete CMNs, prescriptions, and delivery records
- ✓ Record any patient assessments or usage logs
- ✓ Keep files organized for easy retrieval during audits

4. Submit Clean Claims

- ✓ Double-check patient, provider, and equipment information
- ✓ Attach all required documentation
- ✓ Confirm claim formats meet payer requirements

5. Track Claims & Follow-Up

- ✓ Monitor submitted claims regularly
- ✓ Address rejections or denials immediately
- ✓ Log follow-ups and resolutions for future reference

6. Handle Denials & Appeals Effectively

- ✓ Review denial reason codes carefully
- ✓ Submit timely appeals with supporting documentation
- ✓ Track outcomes and update internal processes

7. Optimize Your Revenue Cycle

- ✓ Audit claims monthly to identify recurring errors
- ✓ Train staff on DME billing best practices
- ✓ Consider outsourcing complex claims for faster reimbursement



Bonus Tips

- Keep a pre-authorization checklist for all equipment
- Use billing software reminders to prevent missed submissions
- Regularly review payer policies to stay compliant



Get Expert Help

Stop losing revenue to denied or delayed
DME claims!

Contact Rapid Claim Care for a free DME
billing consultation.

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