

Insurance Claims Checklist

Step-by-step support for PSC treatment coverage

1. Pre-Treatment Preparation

- Verify policy coverage, network rules, prior authorization, and pharmacy benefits.
- Collect diagnosis documentation including hepatology notes, labs, imaging, and biopsy results if available.
- Request a letter of medical necessity from the treating physician.
- Confirm CPT, ICD-10, and HCPCS codes that will be used for treatment and medications.

2. Documentation During Treatment

- Save visit summaries, lab reports, imaging reports, prescriptions, and treatment plans.
- Keep every bill, invoice, pharmacy receipt, and travel receipt if reimbursement may apply.
- Track provider name, address, NPI, and network status.
- Log all insurer calls and portal messages with dates, names, and reference numbers.

3. Claim Submission

- Complete the claim form carefully and confirm that all codes match provider documentation.
- Attach medical records, itemized bills, the letter of medical necessity, and prior authorization approvals.
- Submit within filing deadlines and retain a complete copy of the packet.
- Request and record confirmation of receipt.

4. Follow-Up and Appeals

- Check claim status regularly and respond quickly to requests for more information.
- Review denial letters line by line and identify the exact reason for denial.
- Submit an appeal with stronger records, updated physician support, and policy references.
- Escalate to supervisor review, peer-to-peer review, or external review when necessary.

Tip: Use one dedicated folder, binder, or shared drive location so clients and caregivers can find every document quickly during treatment.