

Claims & Reimbursement Processing Tips

Reduce processing times & expedite reimbursement.

Presbyterian is committed to exceptional service and provider satisfaction. By promoting transparency and consistency, we aim to reduce claims processing times, streamline processes and ensure timely payments. Achieving this requires strong partnerships between Presbyterian and our valued providers.

To support accurate claims submission and timely processing, please follow these key billing guidelines:

Claims Submission Tips

- Follow Centers for Medicare & Medicaid Services (CMS), American Medical Association (AMA), Current Procedural Terminology (CPT) and applicable state/federal billing guidelines and policies
- When a previously submitted claim has been denied, correct and resubmit the existing claim using the right frequency code and/or indicator to declare that there is now new claim data; **do not create and submit a new claim**
- **Electronic claim submission is preferred** for faster, more secure and efficient processing
- When correcting a **previously submitted electronic or paper claim**, correct the claim using the right frequency and/or indicators to declare that there is now new claim data. **Resubmit the claim electronically rather than submitting a new electronic or paper claim**
- Providers receive a unique 10-character taxonomy code identifying their specialty. **Claims billed with a service that doesn't match the taxonomy will be denied.** Providers licensed in multiple specialties **must use the correct taxonomy for each service**; failure to do so will result in denial

