CO-22 Denial Code Prevention Checklist

Your 15-Point System to Stop COB Denials Before They Happen

Practice Name: _____

Date Implemented: _____

✅ SECTION 1: FRONT DESK VERIFICATION (Complete at Every Visit)

☐ **1. Ask About Insurance Changes**

- "Has your insurance changed since your last visit?"
- "Do you have any new insurance coverage?"
- "Have you recently changed jobs, gotten married, or divorced?"

☐ **2. Collect ALL Insurance Cards**

- Primary insurance card copied/scanned
- Secondary insurance card copied/scanned
- Medicare card (if applicable)
- Supplemental insurance information

☐ **3. Verify Subscriber Information**

- Subscriber name matches exactly
- Subscriber date of birth recorded
- Relationship to patient documented
- Policy effective dates confirmed

☐ **4. Complete COB Questionnaire**

- Patient signs and dates
- All active policies listed
- Employment status verified
- Spouse coverage information collected

✅ SECTION 2: ELIGIBILITY VERIFICATION PROCESS

☐ **5. Run Real-Time Eligibility**

- Check primary insurance eligibility
- Check secondary insurance eligibility
- Look for COB indicators in response
- Document any other coverage flags

☐ **6. Verify COB Order**

- Apply birthday rule for dependents
- Check employment-based rules
- Verify Medicare Secondary Payer status
- Confirm COBRA is secondary

☐ 7. Update Practice Management System

- All insurance information current
- COB order clearly marked
- Eligibility check date recorded
- Staff initials for accountability

✅ SECTION 3: BILLING TEAM CHECKS

☐ 8. Pre-Submission Claim Review

- Correct primary payer identified
- Other insurance information included (if applicable)
- Patient demographics match exactly
- COB fields properly completed

☐ 9. Medicare Claims Special Review

- Check for EGHP (employer 20+ employees)
- Verify no workers' comp involvement
- Confirm no auto accident/liability
- MSP questionnaire on file

☐ 10. Secondary Claim Requirements

- Primary EOB attached
- Primary payment amount included
- Primary adjustment codes documented
- Patient responsibility from primary noted

✅ SECTION 4: SYSTEM & TRAINING

☐ 11. Monthly Staff Training Topics

- Birthday rule refresher
- Medicare Secondary Payer scenarios
- COBRA always secondary rule
- Payer-specific COB requirements

☐ 12. Denial Tracking System

- Track all CO-22 denials by payer
- Identify patterns (patient types, services)
- Calculate denial rate monthly
- Share trends with front desk

☐ 13. Technology Utilization

- Eligibility verification software active
- Claim scrubber rules updated for COB
- Automated COB checking enabled
- Integration with clearinghouse COB edits

✅ SECTION 5: QUALITY ASSURANCE

☐ 14. Random Claim Audits

- Pull 20 claims weekly for COB review
- Verify correct payer order used
- Check for missing other insurance info
- Provide feedback to billing team

☐ 15. Quarterly Process Review

- Review CO-22 denial trends
- Update training based on patterns
- Adjust workflows as needed
- Celebrate improvements!

🎯 TARGET METRICS

< 2%	> 95%	< 5 days
CO-22 Denial Rate	First-Pass Rate	Days to Resolution

Need Help Implementing This Checklist?

MedSole RCM can help you build a denial-proof revenue cycle.

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