

RRR CHECKLIST

Reimbursement Review and Resolution Services



Practice Management Services

ATTACHMENTS

Attachments should contain only the protected health information (PHI) that is relevant to the patient(s) for whom a physician is submitting an RRR form. Physicians should delete all other patient information from the attachment. TMA will return to the practice any forms that have nonpertinent PHI.

Examples of frequently needed attachments are:

- RRR form
- Summary
- Patient insurance identification cards
- CMS-1500 claim forms
- Remittance notices (e.g., EOBs, RAs, R&S reports) with definitions of comment indicators and/or denial messages
- Copies of relevant prior correspondence to and from the health plan, including appeal letters and/or denial letters
- Operative notes/Medical records, if applicable
- Preauthorization/Referral forms, if applicable
- Reports for proof of timely filing (e.g., batch acceptance reports from the payer or clearinghouse showing the payer accepted the claims), if applicable

For credentialing/contracting issues, have the following available:

- Name of physician(s)
- Health plan
- Effective date of termination
- Tax ID
- NPI – Group
- NPI – Individual
- Copy of the letter of termination
- Number of claims affected
- Copy of appeal, if applicable