DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE

Mercer

BBS

Implementation Review Checklist for New Codes

1. Code Review & Clinical Relevance

- What new codes will we implement?
- Which provider types in our organization can bill these codes?
- What diagnoses and settings are required for code use?
- How many current clients are potentially eligible for these services?
- How do these services fit into our existing clinical workflows?

2. Reimbursement & Compliance Research

- What are the reimbursement rates in our state/region?
- What are the billing restrictions for these codes?
- What documentation is required to support reimbursement?
- What are the audit risks and how can we mitigate them?

3. Stakeholder Roles & Training

- Who will lead the implementation (clinical, billing, compliance)?
- How will we train clinicians and billing staff on new code use?
- Have all staff been educated on unit/time requirements and workflows?

4. Workflow Integration

- What forms, templates, or visit types need updating?
- How will caregiver involvement be documented (when applicable)?
- Are our Electronic Health Record (EHR) workflows ready to support these codes?

5. Documentation Templates

- Do our documentation templates meet payer standards (time, content, participation)?
- Are progress notes clearly capturing skills taught and outcomes, if applicable?
- Do we need EHR shortcuts or macros for efficiency?

6. Billing & Revenue Cycle Management

- Have we added new codes to our billing system?
- How will we track and resolve denied claims?
- What system do we have to monitor code utilization and revenue and cost trends?

7. Pilot & Quality Assurance

- Which providers could participate in an initial pilot?
- How will we monitor clinical and billing quality during rollout?
- How will we gather and respond to staff, patient or caregiver feedback?

8. Reporting & Evaluation

- What metrics will we track (e.g., code use, revenue, patient outcomes)?
- How will this data be shared and reviewed by leadership?

9. Communication & Outreach

- How will we inform patients and caregivers about new services?
- What updates are needed for patient consent forms and materials?

10. Policy & Compliance Checks

- Have we updated our internal policies to reflect use of these codes?
- Are we ensuring compliance with Medicare, Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and state laws?