

Review a payer contract. Know what needs checking.

A practical starting point for billing, contracting and revenue-cycle teams. Use it with the actual agreement and an appropriately qualified reviewer, not instead of them.

Not a completed audit. Every item starts unreviewed. Use made-up examples in public tools. Keep confidential agreements and patient information in your own approved systems.

1. Identify the agreement

☐ Parties and entities

Name the payer product, provider/group and included locations. A payer brand alone is not enough.

☐ Document set

Collect the signed agreement, amendments, referenced schedules and policies. Record missing items.

☐ Version owner

Record which source controls each term and who approved the interpretation.

2. Define the effective scope

☐ Date trigger

Does the change follow service date, received date or another trigger? Do not substitute posting date.

☐ Products and services

Check included products, service categories, carve-outs and exclusions.

☐ Old vs new

Test the day before, the effective day and the day after the change.

3. Review the calculation

☐ Reference basis

Record reference year/release, locality, setting, component and the applicable rate class.

☐ Fee hierarchy

Check fixed carve-outs, special rates, general schedule and their order of precedence.

☐ Units and rounding

Confirm per-unit vs per-case meaning, rounding sequence, grouping and any caps.

☐ Modifiers and multiple services

Review their exact financial effect. A generic whole-service factor is not Medicare therapy PE-only MPPR.

4. Check operations and evidence

☐ Payment and appeal terms

Identify applicable timing, submission routes and contractual notice rules; verify actual deadlines.

☐ Expected vs actual

Use an independently reviewed expected result. Record actual observations separately.

☐ Exceptions

Mark missing data and unsupported rules as BLOCKED, never as PASS.

☐ Evidence and reviewers

Keep the source reference, calculation version, observation and named reviewer together.

5. Preserve the decision

☐ Release review

A checklist is not a launch approval. Obtain the appropriate operational approvals.

☐ Version history

Save the approved baseline. Re-test when the source, reference data or configuration changes.

☐ Outcome tracking

Separate a modeled variance from an agreed adjustment, a remittance and settled cash.

Next step

Generate a more specific checklist at duemd.com/tools/contract-test-generator/. Record actual results in the companion test matrix; do not infer that generating a row means the test passed.

Reference reading: CMS Physician Fee Schedule documentation; CMS Health Care Payment and Remittance Advice; the actual applicable payer agreement. Public reference information is not automatically your contracted amount. This worksheet is educational, not legal advice or a payment determination.