How Long Until I am Approved to Submit Claims?

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What determines a payer's turnaround time for EDI/claim submissions?

Each payer determines its own turnaround time (TAT) based on its internal processes, requirements, and volume. Each payer's processing time may change based on its current processing volume.

TATs can vary from immediate to several weeks for government payers (Medicare, Medicaid, and Tricare).

To ensure that your application is processed as efficiently as possible, please make sure to include all the requested documents and fill in all the required fields.

For governmental payers, please make sure that the authorized person (as mentioned on your credentialing paperwork) is the one who signs the enrollment forms. Any other signature will cause your application to be rejected and delay your ability to submit claims.

While you are waiting for approval, it might be helpful to create a custom billing status to hold your claims there. When you receive approval, you will be able to bulk submit them to the clearinghouse with just a couple of clicks.