



# ASC NEW SPECIALTY LAUNCH CHECKLIST

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# 6 Steps to Complete Before Your First Paid Claim

Launching a new specialty requires more than clinical readiness. Before your first case goes live, confirm that credentialing, payer coverage, authorization workflows, billing setup, and claim testing are fully prepared to support reimbursement.

## Executive Readiness Scorecard

Use this scorecard to quickly assess launch readiness.

Launch Requirement	Complete
1. Specialty credentialing approved	<input type="checkbox"/>
2. Payer contracts reviewed and updated	<input type="checkbox"/>
3. Medicare billing configured	<input type="checkbox"/>
4. Commercial coverage rules validated	<input type="checkbox"/>
5. Prior authorization workflow activated	<input type="checkbox"/>
6. Billing system and test claims validated	<input type="checkbox"/>

## Readiness Score

### 5–6 Complete

- Launch Ready
- Major reimbursement risks addressed

### 3–4 Complete

- Moderate Launch Risk
- Resolve remaining gaps before go-live

### 0–2 Complete

- High Launch Risk
- Increased risk of denials, payment delays, and operational disruptions

## Recommended Launch Timeline

### 4–6 Months Before Go-Live

- Begin specialty credentialing
- Review payer contracts
- Identify required contract amendments

### 60–90 Days Before Go-Live

- Configure billing system
- Validate Medicare reimbursement setup
- Verify commercial coverage policies

### 30 Days Before Go-Live

- Activate authorization workflows
- Conduct claim testing
- Train operational teams

### 1–2 Weeks Before Go-Live

- Run a mock patient case
- Validate clean claim submission
- Review launch readiness

## Detailed Action Checklist

### 1. Specialty Credentialing

Confirm that providers and the ASC can bill for the new specialty.

- Specialty enrollment requirements reviewed
- Medicare enrollment confirmed
- Commercial payer enrollment confirmed
- Effective dates verified
- Provider roster updates completed

#### Common Risk

Existing provider enrollment may not automatically extend to the new specialty.

## 2. Payer Contract Review

Confirm that payer contracts support reimbursement for the new service line.

- Covered procedures reviewed
- Reimbursement schedules verified
- Site-of-service restrictions reviewed
- Exclusions or carve-outs identified
- Contract amendments submitted if required

### Common Risk

Claims process successfully but reimburse at reduced or out-of-network rates.

## 3. Medicare Billing Configuration

Validate Medicare billing requirements before the first case.

- New CPT codes activated
- HCPCS codes activated
- ASC payment group assignments verified
- Modifier requirements reviewed
- Facility fee calculations tested
- Remittance posting validated

### Common Risk

Claims pay incorrectly because legacy billing configurations remain active.

## 4. Commercial Coverage Validation

Coverage rules often vary significantly by payer.

- Coverage confirmed for major payers
- Site-of-service requirements reviewed
- Diagnosis restrictions documented
- Modifier requirements confirmed
- Payer-specific authorization rules documented

### Common Risk

Claims process successfully but reimburse at reduced or out-of-network rates.

## 5. Prior Authorization Workflow

Build specialty-specific authorization workflows before scheduling cases.

- Authorization requirements documented
- Scheduling alerts configured
- Approval tracking process established
- Escalation workflow defined
- Authorization workflow tested

### Common Risk

Cases are scheduled without required prior authorization.

## 6. Billing System & Claim Testing

Validate that claims can be submitted and reimbursed successfully.

- Fee schedules loaded
- Specialty edits configured
- Charge capture workflow tested
- Clearinghouse acceptance verified
- Test claims submitted successfully
- Payment posting workflow validated

### Common Risk

Claims leave the system successfully but fail acceptance or reimbursement processing.

## Launch Risk Assessment

After completing the checklist, answer the following questions.

Question	Yes	No
Are all providers credentialed before the launch date?	<input type="checkbox"/>	<input type="checkbox"/>
Have payer contracts been reviewed for the new specialty?	<input type="checkbox"/>	<input type="checkbox"/>
Have authorization requirements been documented and tested?	<input type="checkbox"/>	<input type="checkbox"/>
Have test claims been accepted successfully?	<input type="checkbox"/>	<input type="checkbox"/>
Have staff been trained on updated workflows?	<input type="checkbox"/>	<input type="checkbox"/>

## What Your Results Mean

### 5 Yes Answers

- Low launch risk
- Proceed with go-live planning

### 3–4 Yes Answers

- Moderate launch risk
- Address remaining gaps before launch

### 0–2 Yes Answers

- High launch risk
- Expect increased denials, payment delays, or operational challenges

## The 5 Most Common Reasons New ASC Specialties Experience

### Payment Delays

- Provider credentialing is not finalized before launch
- Prior authorization requirements are missed
- Commercial payer coverage assumptions are not validated
- Contract reimbursement terms are not reviewed
- Claims are not tested before the first case

*If any of these risks remain unresolved, your first claims may be delayed, denied, or underpaid.*

## Recommended Internal Owners

ASC Administrator | Revenue Cycle Director | Credentialing Lead | Contracting Team

Scheduling Supervisor | Billing Operations Lead

## Preparing to Launch a New ASC Specialty?

Before your first case goes live, make sure your eligibility, authorization, patient intake, and payment workflows are ready. **CERTIFY Health** helps ASC teams reduce administrative work, improve financial clearance, and support cleaner claims from the start.

See CERTIFY Health in Action



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