

Medical Billing Audit Checklist

Use this checklist to review front-end accuracy, coding workflow, claims, denials, payments and accounts receivable controls.

Practice _____	Audit Period _____
Auditor _____	Date _____

Patient Access & Eligibility

- ☐ Patient demographics are complete and validated.
- ☐ Insurance eligibility is verified before service when feasible.
- ☐ Referrals and authorizations are documented when required.
- ☐ Coverage changes are communicated to billing promptly.

Charge & Coding Workflow

- ☐ Charges are captured completely and timely.
- ☐ Provider documentation supports coded services.
- ☐ Coding edits and payer-specific requirements are reviewed.
- ☐ Unbilled encounters and charge lag are monitored.

Claims & Rejections

- ☐ Claims are scrubbed before submission.
- ☐ Clearinghouse and payer rejections are worked promptly.
- ☐ Timely filing limits are monitored.
- ☐ Clean-claim and first-pass acceptance trends are tracked.

Payments, Denials & A/R

- ☐ ERA / EOB payments are posted accurately.
- ☐ Contractual adjustments and write-offs are controlled.
- ☐ Denials are categorized by root cause.
- ☐ Appeals and corrected claims are tracked.
- ☐ A/R aging is segmented by payer, patient and issue type.
- ☐ Credit balances and unapplied cash are reviewed.

Administrative resource only. Requirements vary by payer, program, state, specialty and organization. Verify current requirements with the applicable official source before submission. This resource is not legal, tax or clinical advice.