

Monthly Billing Office Audit Checklist

Internal monthly audit to monitor billing performance, A/R health, and compliance

Complete this audit at the close of each billing month. Compare results to prior months to identify trends. Flag any metric outside target range for immediate review.

AUDIT DETAILS

Practice / Provider: [Practice Name]

Audit Month: [Month YYYY]

Completed By: [Name / Title]

Date Completed: [MM/DD/YYYY]

Reviewed By: [Supervisor / Manager]

Date Reviewed: [MM/DD/YYYY]

A/R AGING REVIEW

A/R Bucket	Total \$	% of Total A/R	Prior Month	Trend
0-30 days	\$	Target: > 40%	\$	[] ↑ [] ↓ [] →
31-60 days	\$	%	\$	[] ↑ [] ↓ [] →
61-90 days	\$	%	\$	[] ↑ [] ↓ [] →
91-120 days	\$	Target: < 10%	\$	[] ↑ [] ↓ [] →
120+ days	\$	Target: < 5%	\$	[] ↑ [] ↓ [] →
TOTAL A/R	\$	%	\$	[] ↑ [] ↓ [] →

CLAIMS & SUBMISSION REVIEW

Metric	This Month	Prior Month
Total claims submitted		
Total charges billed (\$)		
Total payments received (\$)		
Total contractual adjustments (\$)		
Total write-offs (\$)		
Net collection rate (%)		
Claims denied (#)		
Denial rate (%)		
Claims appealed (#)		
Appeals overturned (#)		

Metric	This Month	Prior Month
First-pass claim acceptance rate (%)		
Avg. days to payment		

DENIAL MANAGEMENT REVIEW

- Denial log reviewed — all denials from prior month have an action assigned
- Top 3 denial reasons identified and root cause documented
- No claims past appeal deadline without a decision or write-off
- All successful appeals posted and accounts updated
- Write-offs reviewed and approved per office policy

PAYMENT POSTING REVIEW

- All ERAs and paper EOBs from prior month posted and reconciled
- No unposted payments older than 5 business days
- Patient responsibility balances match ERA totals for the month
- No credit balances outstanding beyond 30 days without refund initiated
- Overpayments identified and repayment process initiated if applicable

PRIOR AUTHORIZATION REVIEW

- PA follow-up log reviewed — no open PAs past expected decision date
- No claims submitted for services that required auth but had none
- Referral authorization tracker updated — expirations within 30 days flagged
- PA denial rate reviewed — recurring denials escalated to clinical staff

COMPLIANCE & DOCUMENTATION REVIEW

- Superbills / encounter forms reconciled with claims submitted for the month
- No unsigned or incomplete clinical documentation linked to billed claims
- Modifier usage reviewed — no modifiers billed without supporting documentation
- Patient financial responsibility forms on file for all active patients
- HIPAA privacy notices on file for all new patients from prior month
- No claims billed with expired CPT or ICD-10 codes

ACTION ITEMS FROM THIS AUDIT

Action Item	Assigned To	Due Date	Done
			<input type="checkbox"/>
			<input type="checkbox"/>

Action Item	Assigned To	Due Date	Done
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

NOTES & OBSERVATIONS
