

Medical Billing Audit Checklist for Clinic Owners

Use this form to conduct structured medical billing audits across documentation, coding, claims, payments, and compliance. Complete one form per audit cycle and retain for internal review and compliance tracking.

Documentation Accuracy

Audit Item	✓ / ✗ / Notes
Provider notes support all billed CPT/HCPGS codes	
Diagnosis clearly documented and clinically justified	
No cloned, auto-populated, or copy-paste notes	
Start/stop times documented where required	
Chief complaint, assessment, and plan are complete	

CPT / HCPCS Code Validation

Audit Item	✓ / ✗ / Notes
Correct CPT codes selected for services rendered	
No unbundling of bundled procedures	
No upcoding or downcoding patterns	
Time-based codes supported by documentation	
Modifiers used correctly (-25, -59, -26, -TC, etc.)	

ICD-10 Diagnosis Coding

Audit Item	✓ / ✗ / Notes
Diagnosis codes support medical necessity	
Highest level of specificity used	
ICD-10 codes match encounter date and services	
Chronic conditions captured when applicable	
No invalid or outdated diagnosis codes	

E/M (Evaluation & Management) Review

Audit Item	✓ / ✗ / Notes
Correct E/M level selected (MDM-based where applicable)	
History, exam, and MDM aligned with code level	
New vs. established patient correctly identified	
Prolonged services coded only when supported	
Telehealth E/M rules followed correctly	

Modifier Audit

Audit Item	✓ / ✗ / Notes
Modifier usage justified in documentation	
No overuse of modifier -25 or -59	
Surgical modifiers applied correctly	
Global period rules followed	
Payer-specific modifier rules met	

Compliance & Regulatory Checks

Audit Item	✓ / ✗ / Notes
Coding aligns with CMS and payer guidelines	
LCD/NCD medical necessity rules followed	
No excluded or non-covered services billed	
Incident-to rules followed correctly (if applicable)	
Teaching physician documentation present (if required)	

Denials & Risk Indicators

Audit Item	✓ / ✗ / Notes
High-denial CPT/ICD codes reviewed	
Repeat denial trends identified	
Under-coding or missed charges flagged	
High-risk codes reviewed more frequently	
Corrective action plan documented	

Provider Education & Feedback

Audit Item	✓ / ✗ / Notes
Coding errors communicated to providers	
Education provided for repeat issues	
Updated guidelines shared with staff	
Documentation improvement opportunities identified	
Follow-up audit scheduled	

Audit Reporting & Tracking

Audit Item	✓ / ✗ / Notes
Audit sample size documented	
Error rate calculated	
Financial impact estimated	
Compliance risks logged	
Audit records stored securely	