# Medical Billing Compliance Checklist

Use this checklist to to stay compliant with medical billing.

## Coding Accuracy

- [x] **Ensure you have the latest versions** of the CPT, HCPCS Level II, and ICD-10-CM code books, or up-to-date encoder software, for the current year.
- [ ] **Regularly review updates** from the AMA (CPT changes), CMS (Medicare coverage determinations, NCCI edits), and the AAPC/AHIMA (industry best practices).
- [ ] **Keep a database** of specific payer coverage determinations (LCDs/NCDs).
- [ ] **Review physician notes,** lab results, and imaging reports to ensure the diagnosis is supported.
- [ ] **Verify that the diagnosis code** submitted justifies the procedure code billed.



## Documentation

- [ ] **Every note must be authenticated** by the author (physician, NP, PA) via a handwritten signature, electronic signature, or unique identifier.
- [ ] **Be specific** with type and cause, always document "right," "left," or "bilateral" for conditions involving paired organs, and specify if a condition is acute, chronic, acute-on-chronic, or history of (e.g., "acute exacerbation of COPD").

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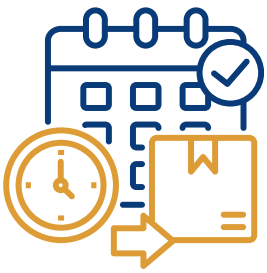
## Patient Data Security

- [x] **Designate a Privacy Officer** to oversee the development and implementation of privacy policies.
- [ ] **Have written privacy and security policies** that reflect the current HIPAA Omnibus Rule and state-specific laws.
- [ ] **Perform annual (or more frequent) security risk analyses** to identify vulnerabilities in how PHI is stored, transmitted, and accessed.
- [ ] **All new employees must complete privacy training** before accessing any patient records.
- [ ] **Ensure all devices (laptops, phones, USB drives) that store PHI are encrypted.** Data transmitted over the internet (e.g., email, portals) must also be encrypted.



## Timely Filing

- [ ] **List every payer you bill** (Medicare, Medicaid, BCBS, Aetna, Cigna, United, etc.) and their specific timely filing limit.
- [ ] **Set an internal rule** (e.g., "All claims must be coded and submitted within 48-72 hours of the date of service").
- [ ] **Check your clearinghouse reports daily** to ensure claims were accepted by the payer, not rejected for errors.
- [ ] **Finalize (sign) all notes within a specific timeframe** (usually 24-72 hours for inpatient, 48 hours for outpatient, depending on facility policy).



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## Credentialing and Provider Enrollment

- [x] **Ensure the provider has an active NPI record.**
- [ ] **Confirm the license is active**, unencumbered, and in the correct category for the services to be rendered.
- [ ] **Use a calendar system with alerts** (90, 60, 30 days out) for the renewals of State Medical License, DEA Certificate, Board Certifications, etc.
- [ ] Once a provider is enrolled, **check the online provider directory** that patients use.
- [ ] If a new provider's claims are being denied, **verify that their enrollment effective date is correct.**