



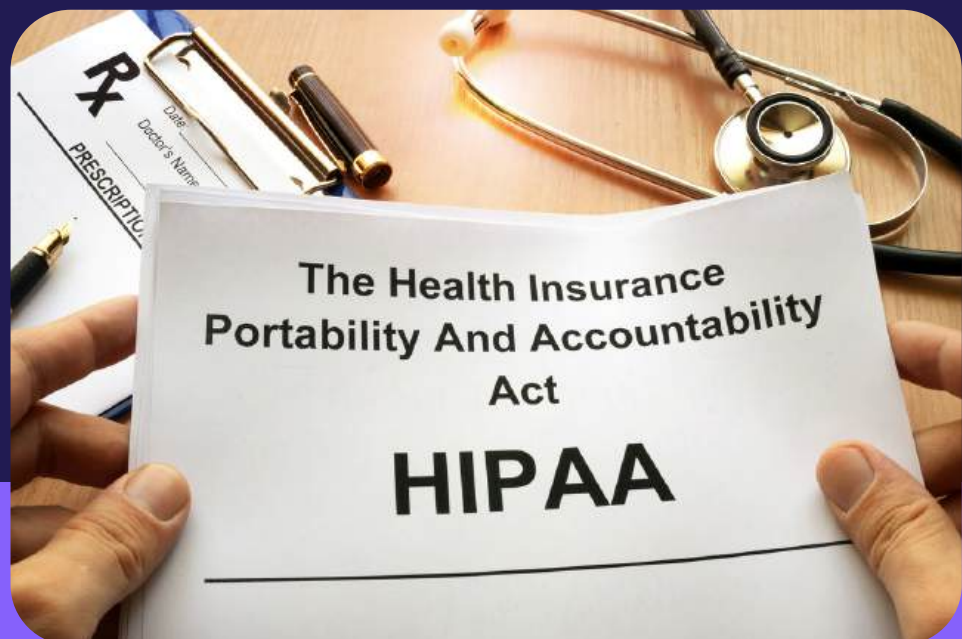
Medibill RCM
Medical Billing Made Easy

2025 MEDICAL BILLING COMPLIANCE CHECKLIST: STAY AUDIT-READY & AVOID PENALTIES



1. HIPAA & DATA SECURITY

- ✓ Conduct annual HIPAA risk assessments.
- ✓ Encrypt all electronic Protected Health Information (ePHI)
- ✓ Update access controls for EHR/EMR systems (multi-factor authentication).
- ✓ Train staff annually on HIPAA privacy and security rules.
- ✓ Maintain breach notification protocols (report breaches affecting 500+ individuals within 60 days).



2. CODING ACCURACY

- ✓ Use ICD-10-CM 2025 updates (no U.S. transition to ICD-11 confirmed).
- ✓ Use CPT 2025 code sets (AMA annual updates).
- ✓ Avoid upcoding, undercoding, or unbundling of services.
- ✓ Ensure documentation supports medical necessity for all billed codes.
- ✓ Review coding changes from CMS and AMA quarterly.
- ✓ Utilize AI coding tools with human oversight for accuracy.



3. DOCUMENTATION STANDARDS

- ✓ **Verify all services** are documented in real-time within **EHR systems.**
- ✓ Ensure provider signatures and dates on all orders and notes.
- ✓ Conduct random chart audits monthly for missing/incomplete records.
- ✓ Align documentation with CMS's **2025 Evaluation and Management (E/M) Guidelines.**



4. REGULATORY UPDATES

- ✓ Monitor **2025 Medicare Physician Fee Schedule (MPFS)** updates.
- ✓ Comply with **No Surprises Act** requirements for patient cost estimates.
- ✓ Review state-specific Medicaid billing rules (e.g., prior authorization changes).
- ✓ Implement CMS's **2025 Telehealth Billing Guidelines** (if applicable; verify final rules).



5. FRAUD & ABUSE PREVENTION

- ✓ Screen employees/vendors via the **OIG Exclusion List** quarterly.
- ✓ Establish a compliance officer and anonymous reporting hotline.
- ✓ Perform internal audits for red flags (e.g., duplicate claims, unbundling).
- ✓ Submit annual Medicare Advantage **RADV** audits.



6. PAYER-SPECIFIC COMPLIANCE

- ✓ Confirm **Medicare PTAN** revalidation deadlines (every 3-5 years).
- ✓ Update fee schedules for private insurers (e.g., Aetna, UnitedHealthcare).
- ✓ Verify prior authorization requirements for high-cost procedures.
- ✓ Resolve denied claims within 30 days; track denial trends.



7. TECHNOLOGY & CYBERSECURITY

- ✓ Prepare to upgrade EHR systems pending **final 2025 ONC Certification Criteria**.
- ✓ Conduct penetration testing for billing software annually.
- ✓ Backup billing data daily to HIPAA-compliant cloud storage.
- ✓ Train staff on phishing/scam prevention quarterly.



8. PATIENT TRANSPARENCY

- ✓ Provide clear, itemized bills with plain-language descriptions.
- ✓ Offer upfront cost estimates for non-emergency services (No Surprises Act).
- ✓ Publish financial assistance policies on your website.
- ✓ Resolve billing disputes within 15 business days.



9. STAFF TRAINING

- ✓ Mandate annual compliance training for billing/coding staff.
- ✓ Train providers on 2025 coding/documentation updates.
- ✓ Certify coders through **AAPC** or **AHIMA** for 2025 credentials.
- ✓ Document all training sessions with sign-in sheets or digital logs.



10. AUDIT PREPAREDNESS

- ✓ Schedule quarterly internal audits focusing on high-risk areas.
- ✓ Prepare for CMS **Targeted Probe and Educate (TPE)** audits.
- ✓ Retain records for **7-10 years** (per federal/state requirements).
- ✓ Create a corrective action plan (CAP) for audit findings.



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