

# Free revenue audit - cheat sheet

The Ultimate Revenue Audit Checklist for Ophthalmology Practices.





### Pre-Audit Preparation

#### 1. Define Audit Scope and Objectives

- ☐ Which revenue cycle areas are under review (e.g., patient registration, coding, billing, collections)?
- ☐ Are we focusing on compliance, revenue leakage, or process efficiency?
- What time period or service lines will be audited?

### 2. Assemble a Competent Audit Team

- Who has knowledge of ophthalmology billing, coding, and payer contracts?
- Are there compliance experts involved?

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### Pre-Audit Preparation

#### 3. Gather and Review Documents

- Patient registration and insurance verification records
- Ophthalmology-specific coding guidelines (CPT/ICD-10 for cataract surgeries, retinal procedures, etc.)
- Payer contracts and reimbursement schedules
- Previous audit reports and denial patterns



### Pre-Audit Preparation

- 4. Establish Clear Goals and Timeline
- ☐ What improvements or risks do you want to identify?
- Set realistic deadlines for audit completion and follow-up actions



#### 1. Patient Registration Processes

- ☐ Is patient demographic and insurance information accurately captured?
- Are there gaps causing claim denials?
- Are processes standardized for capturing laterality (left/right eye) and procedure specifics?



### 2. Coding and Billing Accuracy

- ☐ Are ophthalmic procedures coded correctly according to the latest CPT and ICD-10 codes?
- ☐ Is documentation complete and consistent with coding (e.g., surgery technique, drug dosages for injections)?
- Are modifiers used appropriately (e.g., bilateral procedures)?
- Are prior authorizations and referrals documented?



### 3. Claims Denials and Rejections

- What percentage of claims are denied and for what reasons?
- Are denials tracked and analyzed for patterns?
- ☐ Are there systematic issues causing undercoding, overcoding, or missing documentation?

### 4. Payer Contract Evaluation

☐ Are payer contracts current and competitive compared to industry benchmarks?



- Are reimbursements aligned with services provided?
- Should contract renegotiations be considered?

### 5. Payment Collection Processes

- Are insurer and patient payments collected promptly?
- ☐ Is there timely follow-up on unpaid claims?
- Are patient balances and payment plans managed effectively?



### Post-Audit

### 1. Reporting and Communication

- Prepare clear reports highlighting risks, inefficiencies, and opportunities
- ☐ Share findings with relevant leadership and front-line staff

### 2. Action Planning

- Prioritize fixes for high-impact issues (e.g., correct common denials first)
- Plan training sessions on documentation or coding updates
- □ Consider technology upgrades like automated claim scrubbing or patient portals

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### Post-Audit

#### 3. Monitor and Reassess

- $\square$  Set KPIs such as clean claim rate (>95%), denial rate (<5%), days in accounts receivable (<30 days)
- ☐ Schedule periodic follow-up audits to ensure sustained improvements