Revenue Cycle Review Checklist

A billing, coding, collections, denial, cash-flow, and financial-control review tool for healthcare practices and surgical facilities

Purpose

Use this checklist to review the full revenue cycle from patient intake through final payment. It is designed to help healthcare practices, ASCs, and office-based surgical suites identify workflow gaps, documentation issues, claim delays, denial patterns, collection problems, refund risk, and financial control weaknesses.

How to Use This Resource

Complete the checklist before launching, renewing, expanding, or materially changing the process being reviewed.
Assign an internal owner for each open item and document deadlines, evidence, and follow-up requirements.
Scale review depth to risk, patient impact, financial exposure, regulatory exposure, and operational importance.
Retain the completed checklist with related documentation, decisions, corrective actions, and leadership approvals.

1. Front-End Intake and Eligibility

☐	Checklist item	Notes / owner
☐	Review registration accuracy, demographics, insurance capture, referral requirements, authorizations, and patient responsibility estimates.	
☐	Confirm eligibility and benefits are verified before service when required.	
☐	Review workflows for changes in coverage, secondary insurance, coordination of benefits, and missing information.	
☐	Confirm financial policies, consent forms, and assignment of benefits are collected and stored consistently.	

2. Scheduling, Authorizations, and Medical Necessity

☐	Checklist item	Notes / owner
☐	Review scheduling workflows for service type, provider, location, time, equipment, anesthesia, facility needs, and payer requirements.	
☐	Confirm prior authorization requirements are tracked, obtained, and documented before services are performed.	
☐	Review medical necessity checks, payer policies, and documentation requirements for high-risk procedures or services.	
☐	Track authorization denials, expired authorizations, retroactive requests, and payer-specific bottlenecks.	

3. Coding, Charge Capture, and Documentation

☐	Checklist item	Notes / owner
☐	Confirm charges are captured completely and timely for providers, facilities, procedures, supplies, implants, anesthesia, and ancillary services as applicable.	
☐	Review coding accuracy, modifier use, diagnosis linkage, documentation support, and payer-specific rules.	
☐	Identify missed charges, delayed charges, duplicate charges, and inconsistent documentation workflows.	
☐	Review provider feedback process for documentation deficiencies or coding corrections.	

4. Claims Submission and Denial Management

☐	Checklist item	Notes / owner
☐	Review clean claim rate, rejection trends, denial rate, denial categories, appeal timelines, and payer response patterns.	
☐	Confirm claims are submitted within payer deadlines and corrected promptly when rejected.	
☐	Review denial root causes, including authorization, eligibility, coding, medical necessity, documentation, timely filing, bundling, and credentialing issues.	
☐	Assign ownership for denial prevention, appeal workflows, and payer escalation.	

5. Accounts Receivable and Collections

☐	Checklist item	Notes / owner
☐	Review total A/R, aging by bucket, payer A/R, patient A/R, credit balances, unapplied payments, and collection rate.	
☐	Identify old balances, stalled claims, recurring payer issues, inactive collection queues, and patient payment barriers.	
☐	Confirm follow-up cadence by aging category and payer type.	
☐	Review patient statements, payment plans, collection scripts, financial hardship processes, and escalation criteria.	

6. Payments, Refunds, Adjustments, and Controls

☐	Checklist item	Notes / owner
☐	Review payment posting accuracy, deposit reconciliation, EFT/ERA workflows, lockbox or merchant processing, and bank reconciliation support.	
☐	Review adjustment codes, write-offs, contractual adjustments, courtesy discounts, bad debt, and approval requirements.	
☐	Review refund workflows, credit balance review, overpayments, and payer recoupments.	
☐	Confirm segregation of duties, user access, audit logs, and approval controls for financial transactions.	

7. Reporting and Accountability

☐	Checklist item	Notes / owner
☐	Define revenue cycle KPIs, report cadence, responsible owners, and leadership review expectations.	
☐	Review monthly trends for charges, payments, A/R, denial rates, collection rates, refunds, adjustments, and days in A/R.	
☐	Compare performance by provider, location, service line, payer, procedure, or facility as appropriate.	
☐	Document corrective action plans for recurring gaps and verify completion evidence.	

8. Revenue Cycle Action Plan

Use this section to prioritize revenue cycle corrections and improvement opportunities.

Priority	Gap / revenue opportunity	Owner / target date
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High		
Medium		
Low		
Follow-up		

Resource Page Intro Copy

Use this checklist to review patient intake, eligibility, authorizations, coding, charge capture, claims, denials, collections, refunds, adjustments, reporting, and revenue cycle accountability.

Website CTA Copy

Need help improving revenue cycle visibility, collections, denials, or financial controls? Solstice Group can help evaluate revenue cycle workflows and build practical systems for stronger performance.

Disclaimer

This resource is provided for general business and compliance education only. It is not legal, medical, accounting, tax, financial, regulatory, or clinical advice. Organizations should consult qualified legal, compliance, privacy, financial, and professional advisors regarding their specific obligations and risk profile.