Audit Readiness Checklist for Medical Coders

A practical pre-audit checklist for documentation, code assignment, sequencing, modifiers, medical necessity, and quality validation.

Purpose: Confirm that code assignment is accurate, fully supported, properly sequenced, medically necessary, and defensible before claim submission or audit review.

Current Coding Resources

■ Current ICD-10-CM, CPT®, and HCPCS references available.

■ Official coding guideline updates reviewed.

■ NCCI edits and payer policies available.

■ Code descriptors verified.

Documentation Review

■ Documentation complete and authenticated.

■ Assessment and plan support diagnoses.

■ Documentation gaps resolved through compliant queries.

Diagnosis & Procedure Coding

■ Codes supported by documentation.

■ Highest specificity assigned.

■ Correct sequencing applied.

■ Medical necessity supported.

E/M Validation

■ Correct E/M category selected.

■ MDM or time supports level.

■ Problems, data, and risk documented.

Modifier Review

■ Modifiers supported.

■ NCCI edits reviewed.

■ No modifier used only to bypass edits.

Final Quality Review

■ POS, units, sequencing verified.

■ No unsupported codes remain.

■ Coding decisions are defensible.

Audit Response

- Documentation identified for every code.
- Applicable guidance can be cited.
- Audit feedback incorporated.

Educational Disclaimer

This original educational resource is intended as a coding quality reference. Use it with current ICD-10-CM Official Guidelines for Coding and Reporting, CPT®, HCPCS Level II, CMS/NCCI guidance, payer policies, and organizational standards. CPT® is a registered trademark of the American Medical Association.