MBS
MEDICAL BILLING
SERVICES

CHECKLIST · 2026 EDITION

The A/R Aging Review Checklist

What to work first, what to write off, and how to spot a posting problem.

Written for: Billing teams and outsourced RCM oversight

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How to use this checklist

Run through this checklist monthly using your aged trial balance, split by payer and by aging bucket (date of service or date of first submission. Pick one and stay consistent). Work top to bottom. The order is deliberate: the youngest money is the easiest to collect.

Bucket-by-bucket work order

Bucket	Focus	Actions
0–30 days	Keep claims moving	Clear rejections within 48 hours; confirm every claim was accepted by the payer, not just the clearinghouse
31–60 days	Find stalled claims	Check status on anything without a payer response; resolve requests for information; work new denials
61–90 days	Escalate	Call payers on high-dollar claims; file appeals before windows close; bill secondary payers
91–120 days	Decide	Final appeal or corrected claim; confirm timely-filing proof is on file
120+ days	Resolve or write off	Apply write-off policy; send remaining patient balances through the statement cycle or collections policy

Prioritise within each bucket

- ☐ Sort by dollar value. Work the largest balances first.
- ☐ Group by payer so one call can resolve several claims
- ☐ Flag claims approaching the payer's timely-filing limit
- ☐ Separate insurance balances from patient balances

Is it an aging problem or a posting problem?

Aged A/R is not always uncollected money. Before assigning a claim for follow-up, check these signals:

Signal	Likely cause
Payer portal shows paid, but claim still open	Unposted or misapplied payment
Many small residual balances on paid claims	Contractual adjustments not posted, or contract rates loaded wrong
Credit balances alongside open balances for the same patient	Payment applied to the wrong encounter
Whole payer ages at once	ERA enrollment lapsed, payer ID changed, or batch rejected
Consistent underpayment by the same amount	Fee schedule not loaded or payer paying old rates

- ☐ Reconcile deposits to posted payments monthly
- ☐ Confirm ERA/EFT enrollment is active for every major payer
- ☐ Spot-check expected vs actual payment on your top 20 codes

Small balances and write-off policy

A written policy protects the practice and keeps staff from spending an hour on a $6 balance.

- ☐ Set a small-balance threshold for insurance and for patient balances
- ☐ Define who can approve write-offs at each dollar level
- ☐ Use distinct adjustment codes (contractual, timely filing, small balance, bad debt)
- ☐ Never write off a balance to avoid an appeal that is still in its window
- ☐ Review write-off totals by code monthly. Timely-filing write-offs are a process failure.

The weekly cadence that keeps 90+ from rebuilding

Day	Task
Monday	Clear clearinghouse and payer rejections from the prior week
Tuesday	Status checks on 31–60 day claims without a response
Wednesday	Denial work queue: correct, resubmit, or appeal
Thursday	High-dollar 61+ day follow-up calls; secondary billing
Friday	Posting reconciliation and a short aging snapshot for leadership

Numbers to track each month

- ☐ Days in A/R (total A/R ÷ average daily charges)
- ☐ Percentage of A/R over 90 days, by payer
- ☐ Write-offs by adjustment code
- ☐ Unposted cash at month end

Want this run against your own numbers?

MBS can walk through your first-pass resolution, denial categories, and aged A/R with you using your own data. Request a custom billing review at **www.mbsrcm.com/contact**, or try the free A/R & Denial Benchmark at **www.mbsrcm.com/tools/ar-denial-benchmark**.

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