DENIAL MANAGEMENT TOOL

Denial Root Cause Worksheet

A practical worksheet for categorizing denials, finding repeated causes, assigning ownership, and converting denial activity into process correction.

How to use this tool	Use one worksheet for a single denial pattern, payer issue, provider issue, or high-dollar claim group. The goal is to identify why the denial occurred, what must happen next, and what process change can prevent recurrence.

1. Define the denial pattern

Denial group / issue name	
Payer	
Provider / location / service line	
Date range reviewed	
Estimated balance at risk	
Number of claims affected	

2. Categorize the root cause

[ ] Eligibility / benefits	[ ] Authorization	[ ] Provider enrollment / credentialing
[ ] Claim configuration	[ ] Coding / modifier / units	[ ] Documentation
[ ] Timely filing	[ ] Medical necessity / payer policy	[ ] Coordination of benefits
[ ] Payment posting / adjustment	[ ] Patient responsibility transfer	[ ] Other: _____

3. Ask the right questions

Eligibility / benefits

Use these prompts to confirm or rule out this cause.

0 [ ] 1 [ ] 2 [ ] Was eligibility checked close to the date of service?

0 [ ] 1 [ ] 2 [ ] Were behavioral health or service-specific benefits reviewed?

0 [ ] 1 [ ] 2 [ ] Was network status confirmed for the provider and location?

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Document the answer and attach the evidence location without including PHI in this worksheet.

Authorization

Use these prompts to confirm or rule out this cause.

0 [ ] 1 [ ] 2 [ ] Was authorization required for the service or level of care?

0 [ ] 1 [ ] 2 [ ] Did the approved dates, units, codes, and provider match the claim?

0 [ ] 1 [ ] 2 [ ] Was the authorization exhausted or expired before the service?

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Document the answer and attach the evidence location without including PHI in this worksheet.

Provider enrollment / credentialing

Use these prompts to confirm or rule out this cause.

0 [ ] 1 [ ] 2 [ ] Was the rendering provider active with the payer on the date of service?

0 [ ] 1 [ ] 2 [ ] Was the service location enrolled or approved?

0 [ ] 1 [ ] 2 [ ] Were group affiliation, taxonomy, and effective dates aligned?

Section score: ____ / 6 Risk: [ ] High (0-2) [ ] Moderate (3-4) [ ] Controlled (5-6)

Recommended action: Document the answer and attach the evidence location without including PHI in this worksheet.

4. Resolution plan

Action needed	Owner	Due date	Status

5. Prevent recurrence

Question	Answer / decision
What process step caused the denial?	
Who owns correction of the root cause?	
What evidence will show the correction worked?	
When will this denial pattern be reviewed again?	

When denial patterns repeat, activity is not the same as resolution.

MedAuditz helps healthcare organizations organize denials by cause, payer, provider, service, owner, and required corrective action so leadership can see what is truly blocking reimbursement.