

Denial review checklist

Use before a correction or appeal and when checking its outcome. The goal is the right action, supported evidence and a verified deadline.

Owner / team: _____ Review date / period: _____

Tick completed checks. Record exceptions and reasons for any not-applicable steps in the approved work log.

Understand the determination

- ☐ Confirm whether the issue is a clearinghouse rejection, payer rejection or adjudicated denial. Check the current status before choosing a route.
- ☐ Review the determination notice, payer, product, receipt date and reason or remark codes in the approved system. Write a plain-language reason.
- ☐ Verify the allowed correction or appeal route and deadline against current payer instructions and the notice. Record the source, checked date and due date.

Prepare and submit

- ☐ Check required evidence, submission channel, recipient and any authorization requirements. Keep patient records in the approved secure environment.
- ☐ Have the assigned reviewer confirm that the proposed response addresses the stated reason. Escalate coding or coverage questions to qualified staff.
- ☐ Submit through the approved route and retain the receipt or reference in the secure system. Check acceptance; a sent message alone is not proof of receipt.

Track and learn

- ☐ Assign an owner and next review date. Escalate an approaching deadline or missing acknowledgment using the practice's process.
- ☐ Record the supported outcome and any further action. Separate confirmed root causes from assumptions; distinguish repeat events from unique claims.

Unresolved action / owner / due date _____

Review completed by / next review _____

No universal appeal deadline applies. For example, Medicare fee-for-service redetermination guidance must not be applied automatically to other payer products.

Companion CSV: [denial-appeal-tracker-template.csv](#)

Related guidance: [CMS Medicare redetermination guidance](#). Checked October 20, 2026.