

Denial Triage

Turn “Claim Backlog” Into “Next-Day Action Items”

Use this quick checklist to triage denials by impact and reopen stalled claims faster. Prioritize high-value, easy-to-fix issues so staff know what to address first.

Built for small behavioral health and primary care practices.

1. Start With What Moves Cash Fastest

- Pull the highest-dollar denied claims first.
- Flag claims approaching timely filing limits.
- Separate front-end rejections from true denials.
- Group denials by payer and denial reason before assigning work.
- Move repeat denial patterns to the top if they affect multiple claims.
- Target claims that can be corrected and rebilled the same day.

3. Next-Day Action Checklist

- Work the top denial bucket first and clear every easy correction possible before noon.
- Rebill corrected claims the same day whenever payer rules allow.
- Assign documentation follow-up, appeal prep, and payer calls to a named owner.
- Add due dates for anything not resolved today.
- Track what is waiting on provider input, front desk, patient, or payer response.
- Review unresolved items at end of day and roll only true follow-up tasks into tomorrow's queue.

2. Quick Priority Buckets

Payer Edits & Rejections

- Fix clerical or portal edit errors first.
- Correct and rebill same day when possible.
- Batch similar payer edits together.

Missing Authorization

- Verify auth number, dates, and units.
- Correct expired, missing, or invalid auth details.
- Escalate unresolved auth issues quickly.

Common Coding Mismatches

- Review CPT, modifier, diagnosis, and POS pairing.
- Check NPI, taxonomy, and rendering setup.
- Correct repeat patterns affecting multiple claims.

Stalled Claims

- Assign a named owner for follow-up.
- Set a due date on anything not fixed today.
- Reopen aged claims waiting in work queues.

4. Fast-Fix Denials to Review First Each Day

- Payer edits or front-end rejections
- Missing or invalid authorization
- Eligibility or inactive coverage
- Incorrect subscriber, member ID, or patient DOB
- Modifier or CPT mismatch
- NPI, taxonomy, or POS mismatch
- Duplicate claim or service date issue
- Missing referral or pre-cert detail
- Common data entry errors (DOS, units, payer ID)
- Missing documentation attachment when required

“Faster triage creates faster cash flow.”

Educational workflow support only. Payer and state requirements may vary.