MSN Global
Medical Billing & RCM

Denial Prevention Checklist

Use this checklist to identify common preventable denial risks before and after claim submission.

Practice _____	**Review Period** _____
Owner _____	**Date** _____

Registration & Eligibility

- ■ Patient identity and coverage are validated.
- ■ Eligibility is verified for date of service.
- ■ COB / other insurance information is current.
- ■ Plan-specific referral requirements are identified.

Authorization

- ■ Procedure / service authorization requirement is confirmed.
- ■ Authorization matches provider, service, date and location.
- ■ Units / visits and expiration dates are tracked.
- ■ Changes in service are reauthorized when necessary.

Coding & Documentation

- ■ Documentation supports reported diagnoses and procedures.
- ■ Modifiers and units are validated.
- ■ Medical necessity / payer policy considerations are reviewed.
- ■ Coding queries are resolved before claim submission when possible.

Enrollment & Claims

- ■ Rendering / billing provider enrollment is active.
- ■ Correct payer ID and claim format are used.
- ■ Rejections are resolved quickly.
- ■ Denial trends are fed back to the responsible upstream team.