Clarion RCM

Claim Denial Prevention Checklist

Habits that help claims get paid the first time.

Before the visit

- [ ] Verify patient insurance eligibility at booking and again shortly before the visit
- [ ] Confirm the provider is enrolled with the payer for that plan
- [ ] Check whether prior authorization is required, and record the approval number
- [ ] Collect complete and accurate patient demographics

Before you submit

- [ ] Match codes to the documentation and review before submitting
- [ ] Check member ID, name spelling, and date of birth for typing errors
- [ ] Submit claims before the payer's filing deadline

After you submit

- [ ] Check claim status before resubmitting, to avoid duplicate denials
- [ ] Work denials promptly and record the reason for each
- [ ] Follow up on unpaid claims on a regular schedule
- [ ] Review denial reasons monthly and fix the most common cause first

Tracking denials by reason shows which habit to fix first. Payer rules and contracts differ; check the specifics of each plan.

General information, not legal or financial advice. Requirements vary by state and payer.