Denial Root-Cause Worksheet

Record a recurring observation, what remains uncertain and which responsible role should review it. A suspected cause is a question until supported by an authorized review.

Review date

Reporting period

Review lead role

Keep response types distinct

A rejection usually means a claim failed an intake or processing requirement before normal payer adjudication. A denial generally reflects a payer decision not to pay all or part of a processed claim. The actual response needs qualified review; this sheet does not determine an individual claim's status or next payer action.

CMS Medicare terminology context - reviewed November 9, 2026:

Electronic Health Care Claims

Health Care Payment and Remittance Advice

Practice-defined category / Not confirmed	High-level observation	Question still needing review

- ☐ What was observed?
- ☐ What is only suspected?
- ☐ Who can confirm the distinction in the approved records?

Use high-level operational observations and responsible roles only. Do not enter patient, claim or account details, clinical information, amounts, credentials, bank information, system links or file paths. Keep supporting records and completed worksheets in approved secure practice systems. Do not upload or return this worksheet through a public website form.

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What supports the observation?

Use a report name and period to explain the source of a high-level observation. Keep detailed evidence in approved systems; do not attach or copy it here.

Observation summary	Report name and period - no link	Possible cause / Not confirmed	Question and responsible review role

- ☐ The report population and period have been identified.
- ☐ An observation is separated from a possible explanation.
- ☐ Missing or uncertain information is recorded as "Not confirmed".
- ☐ Any clinical, coding, financial or payer question is left to the authorized reviewer.

A reason label is not proof

A reason label alone does not prove an underlying cause. This worksheet does not select codes, change documentation or determine a correction, appeal or payment decision.

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Who will review the open question?

Review activity means an internal reporting or ownership question, not a claim or payer instruction. The next review date is an administrative discussion date, not a filing or appeal deadline.

Open review question	Agreed review activity	Responsible role	Next review date / status

Status: Questions open / Waiting on review / Reviewed with questions remaining / Review question closed

Closing a review question does not mean a claim was paid or a denial reversed.

Illustrative planning example - not a client case

Observation: A summary report groups several issues under one broad label.
Question: Does that label combine different response types?
Review activity: Ask the authorized reporting owner to clarify the grouping.
Responsible role: Billing lead.
Status: Questions open; next review date set by the practice.

What remains unconfirmed for the next discussion?

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