DENIAL PREVENTION · CLINICOPS LEAD MAGNET

The Front-Desk Denial Prevention Checklist

Most denials are born at the front desk, not in billing. Missing or inaccurate data is the single biggest driver. These are the front-end checks that stop the largest denial categories before a claim ever goes out. Run them on every visit.

Why the front end

Reworking a denied claim costs on average around $57 and rising, and most denials are preventable at intake. A clean claim on the first pass is far cheaper than a correct appeal on the third. This checklist is your first line of defense.

Stops: eligibility & coverage denials

- [ ] Insurance eligibility verified before the visit (1–2 days ahead)
  The most common preventable denial category
- [ ] Plan confirmed active for the date of service
- [ ] Coordination of benefits checked when the patient has more than one plan
- [ ] Coverage confirmed for the specific service, not just general eligibility

Stops: missing-data & registration denials

- [ ] Patient demographics confirmed and correct (name, DOB, address)
  Missing or inaccurate data is the top denial driver industry-wide
- [ ] Subscriber and member ID captured exactly as shown on the current card
- [ ] Insurance card (front and back) on file and current
- [ ] Group number and payer ID correct

Stops: prior authorization & referral denials

- [ ] Prior authorization confirmed on file before the service is rendered
  An expired or missing auth is a fully preventable loss
- [ ] Referral obtained where the plan requires one
- [ ] Authorization covers the specific service, CPT, and date range
- [ ] Auth number recorded where billing can find it

Stops: timely-filing & administrative denials

- [ ] Claim submitted within the payer's filing deadline
- [ ] Correct rendering and billing provider on the claim
- [ ] Provider is actively enrolled and effective with this payer
  Billing before the enrollment effective date produces denials

Stops: coding & medical-necessity denials

- [ ] Diagnosis supports medical necessity for the service billed
- [ ] Correct codes and any required modifiers applied
- [ ] Documentation on file supports what was billed

Make it stick

Assign each check an owner, build it into your intake routine, and track your denial rate weekly. The target is under 5%; most practices sit at 11–12%. That gap is recoverable revenue, and it closes at the front desk.