

Denial Management Workflow Infographic

A beginner workflow for identifying denial reason, root cause, proof, route, documentation, and prevention.

TYPE Infographic

WHO Denial Management learners, AR specialists, Medical Billers, and healthcare admin beginners.

WHEN Use when studying how denied claims are investigated and routed.

HOW Move through the cards from reason to prevention. Do not guess or use payer-specific promises.

Workflow stage: Back-End RCM - denial management and root-cause review

1. Read reason

Review CARC/RARC, EOB/ERA, payer portal, claim status, and system notes.

2. Confirm status

Make sure it is truly denied, not rejected, pending, paid, underpaid, or needing records.

3. Find root cause

Look upstream: registration, eligibility, auth, coding, charge, claim form, timely filing, COB.

4. Gather proof

Use approved records, auth, verification, submission proof, remit, policy/SOP, or notes.

5. Choose route

Corrected claim, appeal, records submission, rebill, patient route, hold, or escalation.

6. Document

Record reason, source, action, proof, reference, owner, and follow-up date.

7. Prevent repeat

Report patterns and improve checklist, auth tracker, claim scrub, or documentation step.

COMMON MISTAKE AVOIDED

Avoid working only the visible denial without checking why it happened.

NO-PHI REMINDER

Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

EDUCATIONAL DISCLAIMER

This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

SOURCE / REVIEW NOTE

This beginner resource explains general claim and billing workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, and current policy. Last reviewed: July 2026.