Lesson 7 - Physician Advisor Denial Review Checklist

Guide for Consistent Review and Judgment Support — Not a Mandate

This checklist is intended as a practical reference to support Physician Advisors when reviewing a denial. It is not a policy, algorithm, or substitute for clinical judgment. Not every item will apply to every case.

1. Define the Denial Clearly

☐ Date(s) of service and level of care denied identified

☐ Type of denial confirmed (IP vs OBS, continued stay, medical necessity)

☐ Payer type identified (TMCR, MA/MR, Commercial)

☐ Appeal stage and deadlines known

☐ Peer-to-peer opportunity available or exhausted

2. Understand the Denial Rationale

☐ Denial reason read carefully (not just conclusion)

☐ Criteria-based, policy-based, contractual, or outcome-driven rationale identified

☐ Any regulatory or policy issues noted for later written appeal

3. Reconstruct the Clinical Decision at Time of Care

☐ Information available to the treating physician at the time identified

☐ Clinical uncertainty or risk factors present at admission noted

☐ Prospective expected course considered (not hindsight)

4. Clinical Judgment vs Documentation Assessment

☐ Admission or continued stay clinically reasonable

☐ Documentation supports clinical reasoning

☐ Documentation gaps vs clinical flaws distinguished

5. Apply the Appropriate Payer Lens

☐ TMCR: Regulatory and prospective standards considered

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☐ MA/MR: TMCR alignment and internal policy influence considered

☐ Commercial: Contractual language and criteria dominance recognized

6. Strategic Decision

☐ Denial appropriate to pursue

☐ Denial appropriate for limited pursuit or education

☐ Denial appropriate to accept

7. Financial Awareness Check

☐ OBS vs IP reimbursement comparison considered when applicable

☐ Appeal resource use justified relative to potential recovery

8. Preparation if Pursuing Appeal or P2P

☐ Primary clinical argument identified

☐ Secondary supporting point available

☐ Likely payer counterarguments anticipated

9. Documentation and Follow-Up

☐ Physician Advisor recommendation documented

☐ Appeal pathway recommended (P2P, written appeal, escalation)

☐ Trends or system issues flagged for education or process improvement

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