

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

- 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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