Denial File Template

Field Guide & Onboarding Reference for Revenue Cycle IQ

This template gives you the recommended file format for the Revenue Cycle IQ platform. Every field is optional except where noted — the platform will accept your upload even with missing columns. The more fields you populate, the richer your analytics, scorecards, and AI recommendations become.

THE 3 RULES

How to make the upload work — fast.

1. Required minimum

Just two columns: an **ANSI / CARC denial code** (e.g., CO-197) and a **payor** (e.g., Medicare). Everything else is optional.

2. Upload paid + denied claims (recommended)

Include all your submitted claims, not just denials. The platform auto-classifies each row using a Claim_Status column OR the presence of an ANSI code. This makes **Denial Rate** and **First-Pass Acceptance** accurate.

3. NO PHI — ever

The platform **rejects any upload** containing patient names, SSNs, DOBs, addresses, MRNs, phone numbers, or emails. Account numbers are fine (de-identified).

RECOMMENDED COLUMNS

Recommended Field Set — All 15 Columns

Order doesn't matter; column names are case-insensitive; underscores/spaces/dashes are normalized automatically.

Column	Required?	What it powers	Example
Account_Number	Optional	Drill-down identification in the Work Queue.	ACC-1001
Service_Month	Optional	Monthly trend chart, period-over-period comparisons.	2026-04
Date_of_Service	Optional	Service-date analytics; converted to service_month automatically.	2026-04-02
Facility	Optional	Facility-level performance views (multi-site organizations).	North Campus
CPT_Code	Optional	Procedure-level denial analysis (e.g., E/M vs. surgical denials).	99213
Revenue_Code	Optional	Hospital-side denial analysis by revenue grouper.	0510

Payor	REQUIRED	Every payor scorecard, AI risk panel, and renegotiation analytic.	Medicare
Claim_Status	Recommended	Auto-classifies row as Paid/Denied. Enables accurate denial rate & first pass.	Denied · Paid · Clean Claim · First-Pass-Paid
ANSI_Code	REQUIRED *	CARC code drives 80% of the platform's intelligence. Accepts CO-197, CO197, etc.	CO-197
RARC_Code	Optional	Remittance remark code — secondary appeal evidence.	N657
Denial_Description	Optional *	Free-text denial reason. Used if ANSI code missing.	Precertification absent
Denial_Category	Optional *	Operational bucket label (Authorization, Medical Necessity, etc.).	Authorization
Denial_Amount	Optional	Drives recoverable revenue calculator and dollar-weighted analytics.	420.50
Aging_Days	Optional	Average days in AR; aging bucket auto-derived if not provided.	32
Aging_Bucket	Optional	Override automatic aging bucket (0-30, 31-60, 61-90, 91-120, 121+).	31-60

** One of ANSI_Code, Denial_Description, or Denial_Category required per denied row.*

WHAT DRIVES WHAT

Field Population → Dashboard Coverage

The dashboard adapts to what you upload. Here's what unlocks what:

File Completeness	What You Unlock
Minimum (ANSI + Payor)	✓ Top Payor Risk · Top 5 ANSI Codes · Top Denial Drivers · Payor Scorecards · AI Workflow + Appeal Drafts · ANSI Library lookups
+ Denial_Amount	✓ Recoverable Revenue Calculator · KPI dollar metrics · Dollar-weighted payor analytics · Executive Summary PDF
+ Claim_Status (or paid rows with empty ANSI)	✓ Accurate **Denial Rate** · Accurate **First-Pass Acceptance** · True submitted-claims volume
+ Service_Month / Date_of_Service	✓ Monthly trend chart · Period-over-period (MoM, QoQ) comparisons · Quarterly recovery projection
+ Aging_Days	✓ Avg Days in AR · Aging bucket distribution · Aging-weighted risk scoring
+ Facility / CPT / Revenue Code	✓ Facility-level performance · Procedure-level denial drivers · Service-line analytics
+ Account_Number	✓ Account-level Work Queue · Batch appeal generation · Drill-down to specific claims

HEADER NAMING — FLEXIBLE

Common Column-Name Variants We Auto-Map

Don't rename your billing-system export. The platform recognizes 25+ header variants per canonical field.

Canonical Field	Also Accepted (case-insensitive, underscores/dashes/spaces all OK)
ANSI_Code	CARC · ANSI · ANSI Code · Adjustment Reason Code · Denial Code · Reason Code · Group Code · Claim Adjustment Reason
Payor	Payor · Payer · Insurance · Carrier · Plan
Denial_Amount	Denial Amount · Denied Amount · Amount · Billed Amount · Charge Amount · Dollars
Claim_Status	Status · Claim Status · Payment Status · Adjudication Status · Disposition
Account_Number	Account · Account Number · Claim ID · Encounter ID · Visit ID
Aging_Days	Aging Days · Days Outstanding · Days in AR · DSO
Service_Month	Service Month · Date of Service · DOS · Service Date
Facility	Facility · Site · Location · Hospital · Practice
RARC_Code	RARC · Remark Code · Remittance Remark · Remit Remark
Denial_Description	Denial Description · Denial Reason · Description · Comment · Notes · Remark Text

PHI POLICY

Strict No-PHI Enforcement

Revenue Cycle IQ is built for de-identified operational analytics only. Uploads containing any of the following are **rejected at the door** — the upload never enters the platform:

Will be REJECTED	Detection
Patient names	Any column named 'Patient Name', 'First Name', 'Subscriber Name', 'Guarantor Name', etc., OR values that pattern
Social Security Nums	Any 9-digit pattern or ###-##-#### in any column.
Dates of birth	Any column titled DOB / Birth Date / Date of Birth, OR full-date values (MM/DD/YYYY, YYYY-MM-DD) in non-opera
Addresses	Street numbers + name + suffix (St, Ave, Rd) in any value.
Phone numbers	Any phone pattern in non-operational columns.
Email addresses	Any email pattern.
Medical Record Nums	Columns named MRN / Medical Record / Chart Number, OR MRN-prefixed values.
Insurance IDs	Columns named Member ID / Subscriber ID / Policy Number / HICN / MBI.

EXAMPLE FILE

RCIQ_Denial_Template.csv — What's Included

Download the companion CSV (RCIQ_Denial_Template.csv) — 12 sample rows showing the full column set with a realistic mix of paid claims (Status = Paid / Clean Claim / First-Pass-Paid) and denied claims (with ANSI codes CO-197, CO-50, CO-16, CO-29, CO-22). Use it as your team's starting format.

PRE-UPLOAD CHECKLIST

Before You Upload

- Remove patient identifiers (names, SSN, DOB, addresses, MRN, phones, emails).
- Keep account numbers — they're de-identified billing IDs, not PHI.
- Include paid claims if you want accurate denial rate (Claim_Status = Paid or leave ANSI_Code blank).
- Pick the correct specialty on the upload page (Hospital / Professional / Behavioral Health).
- If your file rejects, read the error banner — it shows every column we detected and which ones were recognized.

Questions? Contact your Revenue Cycle IQ implementation lead. We can help map exotic billing-system exports in under an hour.