RCM Playbook Pack: Denials + AR (Operator Edition)

A dense, practical pack to reduce repeat denials, speed up AR movement, and make progress visible weekly.

1) The Denial Map (stop guessing)

Treat denials like operations. You don't "work harder" — you **reduce variance**.

Category (track weekly)	What it often means	The upstream fix
Eligibility/coverage	Coverage inactive OR patient data mismatch	Insurance capture script + pre■visit eligibility check
Bundling/CO■97	Payer says service is included in another line	Distinct-service checklist + modifier/documentation p
Missing/invalid info	NPI/taxonomy/location mismatch, missing fields	Provider master file audit + clean-claim checklist
Timely filing	Submission delays / stuck work queue	Daily submission SLA + stuck-claims dashboard
Medical necessity	Dx/notes don't support service	Documentation QA loop + provider feedback

Your goal is simple: **reduce repeats**. Every denial category must have an owner and a prevention step.

2) The 'Fix Once' Log (the missing piece)

Most teams fix the same issue 50 times. The Fix Once Log prevents that. Every time a denial repeats, you log the root cause + the system change.

Denial category	Root cause (where started)	System change made	Owner	QA rule	Repeat cou
Eligibility	Front desk missing subscriber DOB	Updated intake script + required field validation	ED Lead	Sample 10/day	___

Rule: If it repeats twice, you are required to make a system change (SOP/checklist/validation).

3) 7■Day Denial Reduction Sprint

Day 1: Pull denials (2–4 weeks). Rank by count and dollars.

Day 2: Identify root cause source for the top 2 categories.

Day 3: Implement one prevention step per category (SOP + checklist).

Day 4–5: QA sample 10 claims/day. Rewrite SOP if misses repeat.

Day 6: Clear denial queue with ownership + follow-up dates.

Day 7: Publish 1-page report to leadership (KPI, blockers, next fix).

4) CO■97 / Bundling: fast decision tree

Operationally, bundling denials are a **documentation + rules** problem more than a "billing" problem.

Question	If YES	If NO
Truly distinct service?	Proceed to edits/modifier + documentation check	Likely non-payable separately
Modifier allowed per edits/payer?	Add modifier (when supported) + resubmit/appeal	Avoid rebill; update rules

Note proves distinct work?	Appeal with narrative + cite note elements	Fix templates + train

Create a specialty-specific “Top 5 bundling patterns” sheet and train monthly.

5) Appeal letter skeleton (copy/paste)

Subject: Request for reconsideration — Claim [#], DOS [date], Patient [initials], Denial [CARC/RARC]

Opening: We are requesting reconsideration for the above claim. The service was performed and is supported by documentation.

Clinical/billing rationale: Briefly state why the service is distinct/covered. Point to specific note elements (time, separate indication, separate procedure documentation).

Requested action: Please reprocess the claim for payment according to benefits/policy.

Attachments: Relevant note excerpt (de■identified internally), EOB/ERA, claim form, any supporting documentation.

Close: Thank you. Please contact [name/phone] if additional information is required.

6) AR Touch Strategy (no open loops)

AR wins come from touch discipline: every touch → outcome + next follow-up date.

Bucket	Goal	Touch cadence	Escalation rule
0–30	Fix rejections fast	Daily; clear within 24–48h	Blocked → escalate same day
31–60	Follow-up + corrected claims	2 touches/week	Portal/auth issue → 48h escalation
61–90	Denials/appeals	2–3 touches/week	Stalled → supervisor review
90+	Aggressive follow-up + write-off review	Weekly + leadership review	Monthly write-off committee

7) Weekly KPI report (what owners should see)

Section	What to include
Volume	Claims submitted, ERAs posted, follow-ups completed
Denials	Top 3 categories + root causes + fixes in progress
AR	0–30 / 31–60 / 61–90 / 90+ + movement vs last week
Blockers	Missing notes, portal access, payer responses
One fix	The one workflow change this week + owner + due date

This keeps leadership confident while keeping the team focused on prevention.