RCMEASY GUIDE

The Practice Owner's Guide to Reducing Claim Denials

A practical guide for practices of any size.

Why Denials Matter

A denied claim isn't just delayed revenue — it's revenue that, on average, has a shrinking chance of ever getting collected the longer it sits. Every day a denial goes unworked is a day closer to a payer's appeal deadline passing for good.

For practices of any size, denials are one of the most common and most fixable sources of lost revenue — but only if they're caught, triaged, and worked before that window closes.

The Five Most Common Root Causes

Eligibility that changed since the last visit. Coverage lapses, plan changes, and new deductibles go unnoticed when eligibility isn't re-verified close to the date of service.

Coding errors or missing documentation specificity. A code that doesn't fully match the documentation is one of the fastest ways to trigger a denial or a request for more information.

Services performed without required prior authorization. Skipping or missing a payer's prior-auth requirement is one of the most preventable — and most common — denial reasons.

Claims submitted after a payer's timely filing limit. Once this window closes, the claim is typically denied regardless of how accurate it is.

Duplicate or improperly bundled billing. Billing related services separately when a payer expects them bundled (or vice versa) is a frequent, avoidable trigger.

A Triage Framework

Not every denial deserves the same urgency. Sort open denials by dollar value and age: high-value, recently denied claims get worked first; low-value, aging claims get batched together; and anything approaching a timely-filing or appeal deadline jumps the queue regardless of value.

This simple sort keeps a practice from spending equal time on a $40 denial and a $4,000 denial — and keeps deadlines from being the reason a valid claim never gets paid.

Building the Tracking Habit

A denial log doesn't need special software to start. Five columns are enough: date denied, payer, reason code, dollar value, and appeal deadline. The goal is visibility, not perfection — a simple spreadsheet is enough to stop claims from quietly aging out of eligibility for appeal.

Whether billing is handled in-house or through a partner, this habit is what turns denial management from reactive cleanup into a routine part of the revenue cycle.

How RCMEasy Helps

RCMEasy's denial management approach reviews every denial for root cause, corrects what can be corrected, and appeals promptly rather than writing claims off — with denial patterns visible in real time through the client portal, so recurring issues get fixed at the source instead of repeating month after month.

NEXT STEP

Talk to an RCM Expert

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