ALH Radiation Oncology RCM Masterclass

Module 5

Bilingual communication and desk tools

Module runtime: about 19 minutes

2026 Training Material | 2026 Edition

Module 5 learning objectives

By the end of this module, you will be able to:

01 Explain a balance in English or Spanish without promising payment or waivers

02 Recognize when a script is not enough and qualified interpretation is required

03 Route coding, clinical, and privacy questions to the right review

04 Use desk tools, Resources A to E, to record the action and evidence

05 Apply the full course workflow to the capstone case

05

MODULE

Bilingual communication and desk tools

Lesson 5.1 Bilingual financial communication

Lesson 5.2 Professional accountability

Lesson 5.3 The desk tools in daily practice

Bilingual financial communication

ALH EDUCATIONAL RECOMMENDATION

01 Ask for the patient’s preferred language

02 Use short sentences and plain terms

03 Explain uncertainty without promising payment

04 Confirm the patient understands the next step

WARNING

Scripts support administrative communication. They do not replace qualified interpretation when it is required.

Script 1: authorization

English

We are checking your insurance benefits and whether your treatment requires authorization. We will contact you if we need more information. An authorization does not guarantee that insurance will pay every charge.

Español

Estamos verificando los beneficios de su seguro y si su tratamiento requiere autorización. Nos comunicaremos con usted si necesitamos más información. Una autorización no garantiza que el seguro pague todos los cargos.

Script 2: estimates

English

This is an estimate based on the information available today. The final amount may change after your insurance processes the claim. We can explain what is included and answer questions about the estimate.

Español

Este es un cálculo aproximado basado en la información disponible hoy. El monto final puede cambiar después de que su seguro procese la reclamación. Podemos explicarle qué incluye y responder sus preguntas sobre el cálculo.

Script 3: financial assistance

English

If paying this balance is difficult, we can explain the financial assistance review and available payment options. Would you like to speak with the person who handles that process?

Español

Si se le dificulta pagar este saldo, podemos explicarle el proceso de evaluación para recibir asistencia financiera y las opciones de pago disponibles. ¿Le gustaría hablar con la persona encargada de ese proceso?

Spanish authorization conversation

FICTIONAL CASE

CASE FACTS

01 Authorization remains under review

02 The patient requests Spanish communication

03 Explain the status and next contact

YOUR TASK

Practice the Spanish explanation aloud, then ask the teach-back question.

Pause and practice aloud before the review continues.

Professional accountability

FEDERAL (HIPAA)

01 Source-supported administrative corrections

02 Coding review for uncertain reporting

03 Clinician clarification for clinical gaps

04 Approved privacy and compliance procedures

An unsupported diagnosis change

FICTIONAL CASE

CASE FACTS

01 A coworker suggests a different diagnosis

02 The record does not support that diagnosis

03 The reason given is that the payer will pay

YOUR TASK

Write the next action, the evidence you need, and the person responsible.

Pause and write your answer before the review continues.

The desk tools in daily practice

ALH EDUCATIONAL RECOMMENDATION

Authorization and changes

Resource A. The approved scope and every change since.

Daily prebill review Supported appeal letter

Resources B and C. Release supported claims; answer a specific dispute.

Denial routing and follow-up

Resource D. The action, evidence, deadline, and expected response.

Payment and recovery verification

Resource E. What money was actually received and reconciled.

A promise of reprocessing

FICTIONAL CASE

CASE FACTS

01 The payer agrees to reprocess a claim

02 No revised remittance has arrived

03 The account is marked completed

YOUR TASK

Write the next action, the evidence you need, and the person responsible.

Pause and write your answer before the review continues.

Check your understanding

You are escalating a recurring payer issue. What should you share with the payer?

A A minimal claim roster through an approved secure channel — CORRECT

B The full chart for every affected patient

C Screenshots sent from a personal email account

D A spreadsheet of names and diagnoses sent unencrypted

Already paid, in Spanish

FICTIONAL CASE

A patient says a bill was already paid and requests help in Spanish. What should staff do before requesting payment again?

A. Request the payment again, in Spanish

B. Send the account to collections while you check

C. Use Spanish support, check payments and unapplied funds, and route the dispute — CORRECT

D. Tell the patient the balance will be waived

The five desk tools

01 A: Authorization and changes

02 B: Daily prebill review

03 C: Supported appeal letter

04 D: Denial routing and follow-up

05 E: Payment and recovery verification

Common mistakes

Common mistake	Why it matters
Adding modifier 25 to a routine weekly E/M	A modifier does not make routine treatment review separately reportable
Adding modifier 59 to every CO-97	The bundling may be correct. Find the related service and rule first
Assuming the original approval covers a boost	Quantity, dates, or site may fall outside the approval
Changing a diagnosis because the payer pays it	Payment history is not evidence. The record controls
Counting a decision or a transfer as cash	Only verified, reconciled receipts are cash recovery

Key takeaways

01 Match coverage, site, provider, and approval before clearance

02 Let documented facts, not templates, drive codes and modifiers

03 Read the full remittance, then choose the route

04 Protect formal deadlines; promises do not extend them

05 Report only verified, reconciled receipts as cash

Capstone: a course change and denial

FICTIONAL CASE

Course and coding

Original approval: 20 units at Site A through October 30

20 treatments completed in that period

Five boost fractions at Site B begin November 2

“DIBH” appears without further clinical detail

Denial, ledger, and patient

CO-97 dispute deadline: November 10 (today: November 8)

Payments: insurer $1,200, patient $150; recoupment ($200)

Contractual $800; $450 moved to the patient

$500 decision pending; patient disputes the $450 and requests Spanish

Capstone: five assignments

FICTIONAL CASE

01 Authorization change record with every mismatch and owner

02 Nonleading coding query on motion management

03 Denial investigation plan that protects November 10

04 Three-sentence Spanish response, with no waiver promise

05 Cash summary plus the amounts excluded from cash

SCORING

0 to 2 points each. Pass: 8 of 10 with all critical errors corrected.

Capstone review

FICTIONAL CASE

01 Authorization: quantity, date, and location gaps

02 Coding: clarification of actual motion management

03 Denial: investigation plus deadline protection

04 Patient: Spanish explanation of the disputed balance

05 Cash: $1,350 gross and $1,150 net

References

S13 **HHS OCR.** Minimum Necessary Requirement (HIPAA Privacy Rule guidance). Dec 3, 2002; rev. Apr 4, 2003; reviewed Jul 26, 2013. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/minimum-necessary-requirement/index.html

Your first workflow improvement

01 One observed problem

02 A specific process change

03 A named owner and due date

04 A measure supported by records

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