BILLING & CODING AUDIT

A $1.2M practice. Three months waiting to get paid.

I helped a family medical practice correct unsupported billing and move from prepayment review to payment within 15 days.

$1.2M	UP TO 90	15
ANNUAL REVENUE	DAYS TO PAYMENT	DAYS TO PAYMENT AFTER

01 / THE CASH-FLOW PROBLEM

James Carter’s family medical practice generated about $100,000 a month. A payer placed every claim submitted to it under prepayment review. The practice sent claims, received record requests, and resubmitted documentation before payment could be released. Some payments took up to three months.

02 / WHAT I FOUND

A physician assistant was adding G0447, a 15-minute obesity-counseling service, to every visit. Her patient volume left no room for that additional time at every appointment: the claims described an “impossible day.” The visit notes I reviewed contained no documentation of weight-loss counseling to support the charges.

THE INTERVENTION

Clean claims. Faster payment.

I educated the practice on appropriate code use and improved its documentation practices so claims accurately reflected the care delivered. Medicare describes G0447 as 15-minute face-to-face behavioral counseling for obesity, with a structured counseling approach.[1]

THE OBSERVED RESULT

Up to 90 days → **15 days**

BEFORE AFTER

Within six months, the provider was released from prepayment review, allowing payment within 15 days instead of up to three months.

THE CASH-FLOW EFFECT

$250,000

estimated reduction in revenue tied up awaiting payment

ILLUSTRATIVE COMPARISON	BEFORE	AFTER
Revenue awaiting payment*	**$300,000**	**$50,000**

That is up to 75 fewer days waiting for payment. Faster collection made existing revenue available sooner to support payroll and operations.

HOW THIS ESTIMATE WAS CALCULATED

*Based on $1.2 million in annual collectible revenue earned evenly over twelve 30-day months, with all revenue affected by the delay. If this payer handled only part of the revenue, the cash-flow effect would be smaller. This is accelerated access to existing revenue, not additional revenue.

James Carter is a pseudonym. [1] CMS, Medicare Preventive Services and NCD 210.12.