UROLOGY

CASE STUDY

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BACKGROUND

While managing billing operations for a urology practice, Marketta identified a high-value surgical claim over $10,000 that had been denied for "documentation does not support the level of service billed."

Without immediate correction, the claim would have been written off and lost to the practice.

THE CHALLENGES

- High-dollar claim denied for "documentation mismatch."
- Operative note clinically sound but missing CPT-specific complexity markers.
- Staff are uncertain how to appeal or interpret the payer's remark code.
- Time-sensitive risk: payment window closing within 30 days.

ACTION TAKEN

Marketta reviewed the operative report line by line and pinpointed the missing decision-making and intra-operative details required for the billed CPT code.

She collaborated directly with the physician to correct the documentation, ensuring accuracy without altering the integrity of the record and resubmitted an evidence-based appeal.

RESULT

Denial Reversed:
Paid in full after first-level appeal.

Revenue Recovered:
$10,000+

Resolution Time:
< 30 days.

Sustainable Change:
Provider updated operative note templates to include required documentation elements for future cases.

KEY TAKEAWAY

This case highlighted an early version of what's now known as AI-assisted downcoding.

The payer's system wasn't evaluating clinical care; it was evaluating documentation structure.

That experience revealed how essential it is for providers to document in a way that aligns with payer algorithms, not just clinical accuracy.

"The claim was paid — not because the payer changed its mind, but because we changed how the documentation spoke their language."

— Marketta Burrell, CRCP