

Improving Denial Rate For a Leading Orthopedic Clinic in Texas



The client is an established Orthopedic clinic in a major city in Texas. The clinic has 5 highly skilled Orthopedic surgeons and specialists; however, they were experiencing a high rate of denials, an increased number of AR days, overloaded staff, and significant revenue leakage.

Challenges Identified

Eligibility & Prior Authorization Failures

Client was facing issues with many orthopedic procedures, especially surgeries and imaging, that were being denied due to expired coverage of the patients and missed prior authorizations.

Documentation & Coding Errors

Another reason for frequent denials was poor, incomplete, and wrong clinical notes and outdated/mismatched codes.

Timing & Administrative Oversights

Our client was failing to submit claims within the correct or given frame of time, and also submitting claims with incorrect patient data like names, DOB, and insurance numbers, which resulted in large numbers of auto-denials.

Absence of Centralized Monitoring

The practice was also struggling because it did not have a formal denial tracking system to analyze denial patterns and prevent their recurrence.

Solutions Delivered



Regular Insurance Verification and Benefits Check

We started by deploying the team to ensure that the benefits are verified ahead of the service and even in real-time when required. We also set up a pre-authorization tracker with checklists and prior reminders before scheduled surgeries.

Improved Documentation & Coding Accuracy

We connected with the front staff and providers and discussed the areas of improvement in the clinical documentation to justify the medical necessity of the surgeries to prevent future denials. Along with this, we created billing SOPs for the team for all the insurances so that the coding can be done correctly based on the payer guidelines.

Denial Tracking and Management

We established a dedicated denial resolution team that took care of the denial categorization, resubmissions, appeals, and root cause analysis. The team utilized a denial tracking dashboard to check trends by payer, procedure, or denial type, ensuring a high rate of denial prevention.

Staff Training & Feedback Loop

To highlight common denial causes and process improvements, we conducted cross-functional workshops involving front desk staff, coders, and clinicians. Also discussed denial cases to teach the staff.

Real Results after Partnering with StafGo Health



40%

Improved Denial rate

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Our client achieved a 40% reduction in claim denial in 3 months by working on coding accuracy, eligibility checks, and prompt prior authorization.

97%

Higher Clean Claim Rate

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The Clean Claim Rate of our client has also increased to 97% by standardizing the coding workflows, ensuring 100% verification, and following the payer billing guidelines.

85%

Increased Appeal Success Rate

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The appeal Success Rate reached 85% by using orthopedic-specific appeal templates and by tracking the denial trends and patterns to target the high-impact recovery opportunity.

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