How the RevOne Health Approach Strengthened Revenue Cycle Controls for a Complex Plastic Surgery Practice

An operational case study focused on payment controls, authorization tracking, AR escalation, documentation review, and process visibility.

$4.5M	140	85%
AR reviewed	Claims followed up	Records tracking improvement

Overview

A complex plastic surgery practice was managing reconstructive procedures, cosmetic services, Med Spa balances, patient prepayments, manual EOBs, insurance overpayments, authorizations, surgical documentation, payer appeals, patient statements, and credentialing needs. The practice required a structured transition model that could preserve internal knowledge, document workflows, and improve process control across the revenue cycle.

The Challenge

The practice had several workflows that required careful handling and specialty-level knowledge.

- Patient credits were created by cosmetic prepayments, packages, small balance preferences, and future visit deposits.
- Payment posting required ERA handling, manual EOB scanning, document attachment, bank deposit alignment, and day sheet accuracy.
- Patient statements required account-level review because medical, cosmetic, skincare, Med Spa, payment plan, and collection balances could overlap.
- Authorizations varied by payer, facility, procedure type, network status, surgery date, CPT, ICD-10, and documentation availability.
- High-value AR required payer-specific escalation, appeal documentation, operative notes, contract references, and careful write-off controls.
- Incomplete documentation created risk for denials, delayed billing, and month-end issues.

The RevOne Health Approach

RevOne Health treated the engagement as an operational transition, not a simple billing handoff. The focus was to protect revenue, reduce knowledge dependency, document exceptions, and improve visibility.

- Reviewed recorded training and documented workflows step by step.
- Mapped payment application, credit balance handling, overpayments, refunds, patient transfers, and manual EOB workflows.
- Created controls for unapplied funds, payment allocation, true overpayment review, and month-end payment cleanup.
- Prepared a careful patient statement review process to protect patient experience and prevent incorrect balances from being released.
- Improved authorization tracking by emphasizing benefit verification before authorization submission.
- Standardized posting sheet expectations for surgery date, facility, CPT, ICD-10, insurance information, inpatient admit dates, and documentation requirements.
- Organized high-value payer follow-up into structured AR worklists and escalation paths.

AR and Payer Escalation

In one review cycle, the team followed up on approximately $4.5 million in AR across 140 claims. The work moved beyond claim status checking and focused on payer resolution.

- Consolidated unpaid payer issues into project-level tracking.
- Used medical records, operative reports, photos when needed, H&P;, office notes, contract references, and prior submission evidence to support appeals.
- Reviewed assistant surgeon denials before write-off decisions.
- Used ECW document history, clearinghouse records, and timestamps to support timely filing disputes.
- Identified underpayment opportunities through detailed unit and operative note review.

Documentation and Authorization Controls

RevOne Health helped establish verification steps before claim submission and authorization follow-up.

- Checked provider completion indicators, HPI, assessment, plan, ICD-10 codes, procedure codes, and medical necessity support.
- Documented no-authorization-required responses with screenshots, timestamps, and reference numbers.
- Tracked missing height and weight, photos, progress notes, facility details, and surgery dates before authorization submission.
- Improved hospital record tracking, which increased retrieval workflow visibility by approximately 85%.

Credentialing and Enrollment Support

RevOne Health also supported provider enrollment guidance for a new provider. The team clarified payer-specific steps for private payers and Medicare, and explained that CAQH supports enrollment but does not replace payer-specific enrollment submissions.

Results and Operational Improvements

- Approximately $4.5 million in AR followed up across 140 claims.
- Hospital records tracking improved by approximately 85%.
- Payment posting, credit balance, refund, and patient transfer controls became clearer.
- Patient statement review became more structured and patient-sensitive.
- Authorization workflows became more organized and better documented.
- Payer escalation improved across high-value surgical claims.
- The practice reduced dependency on informal knowledge by documenting workflows step by step.

Conclusion

Complex plastic surgery revenue cycle management requires more than routine claim submission. It requires payment controls, authorization discipline, documentation review, payer-specific escalation, patient balance sensitivity, and process visibility. The RevOne Health Approach helped create a more structured and accountable revenue cycle foundation for a complex specialty practice.