CLINICIQ DIAGNOSTIC REPORT - SAMPLE

CPT code billing audit

Specialty-specific coding checklist with commonly missed codes, modifier traps, and a 30-day fix list.

Prepared for	Report ID	Reviewed by
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4 providers - Family medicine	March 14, 2024	Founder, ClinicIQ

SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

We identified 7 codes your specialty typically under-bills. Estimated recovery: $58K/year at your visit volume.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Under-coded category	Codes affected	Est. annual recovery
Prolonged services (G2212)	**Under-billed 80%**	$18,200
Care management add-ons (99439)	**Missed entirely**	$14,800
Advance care planning (99497)	**Billed 12% of eligible**	$9,600
Modifier 25 utilization	**Inconsistent**	$8,400
Tobacco cessation (99406/99407)	**Never billed**	$4,200

IN YOUR DELIVERED REPORT

- 7–12 under-coded CPT codes for your specialty, each with an annual recovery estimate ($)

  Assumes: *Recovery = (industry-typical billing rate – your reported rate) × your reported encounter volume × current reimbursement; conservative side of the range.*

- Per-code documentation requirements + EHR macro suggestions to support proper billing

  Assumes: *Macro syntax shown for Epic, Athena, eClinicalWorks, and DrChrono; adapt for other EHRs manually.*

- Modifier + coverage matrix for the 4 largest national payers (Medicare, BCBS, UHC, Aetna)

  Assumes: *Based on 2024 published policies; regional BCBS plans may vary — flagged where they typically do.*

- 30-day action plan: which 3 codes to fix first and the exact biller hand-off script

Assumes: Prioritized by recovery $ × ease-of-fix; assumes you have a biller (in-house or service) who can implement.

- AMA CPT descriptor + payer policy citation for every recommendation

Assumes: So your biller or compliance officer can verify every claim before changing workflow — no black boxes.

METHODOLOGY & SOURCES

1. We compare your specialty's common visit mix against your reported coding patterns to surface under-coded categories.

2. Recovery estimates are intentionally conservative — we use your reported visit volume, not aspirational growth.

3. Every recommendation cites the AMA CPT descriptor and major-payer policy reference so your biller can verify.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

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Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.