Referral leak analysis

Quantifies revenue lost by referring out procedures you could perform in-house.

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

You're referring out ~$186K/year in procedures. Bringing 2 of them in-house pays back equipment + training in 7 months.

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

Procedure referred out	Annual leak	Bring in-house?
Skin biopsy / shave excision (11102, 11402)	**$48,600**	Yes - 7-mo payback
Joint injections (20610, 20611)	**$36,400**	Yes - immediate
Endometrial biopsy (58100)	**$22,100**	Yes - needs NP cert
Diagnostic colposcopy (57454)	**$18,900**	Maybe - credentialing 6mo
Stress testing (93015)	**$31,200**	No - capex too high

IN YOUR DELIVERED REPORT

- Estimated $/year leaked to outbound referrals, broken down by procedure category

  Assumes: *Calculated from your reported referral volume × specialty-average reimbursement; aggregated to the category level (not individual CPT) to stay directional.*

- Top 5 procedures you could bring in-house, ranked by 12-month net contribution

  Assumes: *Net contribution = projected revenue – staff cost – equipment depreciation – supplies; ranked only among procedures that fit your scope and space.*

- Capital + staffing + space + credentialing requirements per procedure (with dollar ranges)

  Assumes: *Equipment quoted as category price ranges, not vendor SKUs; credentialing timelines use national averages, not your specific board.*

- 12-month ramp model with break-even month and an explicit downside scenario

  Assumes: *Base case assumes 70% of national volume benchmark by month 12; downside assumes 45%. No upside-only projections.*

- Suggested CPT bundle + credentialing checklist per bring-in-house recommendation

  Assumes: *CPT bundles cite AMA descriptors; credentialing list is generic across major commercial payers — not customized per contract.*

METHODOLOGY & SOURCES

1. We model your outbound referral mix against specialty norms to estimate volume and reimbursement of each leaked procedure.

2. Bring-in-house feasibility uses your existing staff scope, room availability, and capital constraints — not a generic best-case.

3. Every recommendation includes a downside case so you're not buying into a hockey stick.

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.