

Quick Audit Checklist for Independent Pain Practices

Stopping preventable write-offs before they become permanent

Use this checklist to evaluate whether write-offs are truly unavoidable, or whether revenue is being surrendered too early due to process, documentation, or follow-up gaps.

Step 1: Pull a small, meaningful sample

The goal is not volume. The goal is visibility.

Before starting, confirm:

- You are reviewing a **small sample**, not all write-offs
- The sample includes the **last 30 write-offs** (or fewer if volumes are low)
- Each write-off is above an amount that **actually matters** to the practice

For each write-off, you should be able to quickly see:

- Date
- Amount
- Payer
- Reason

Signal to note:

If pulling this information takes more than a few minutes, that alone suggests a visibility or reporting issue worth addressing.

Step 2: Force a label on every write-off

Not all write-offs are equal. Before any adjustment is accepted, assign **one and only one category**.

For each write-off, select **one**:

- **Forced / Contractual**
Adjustment is contractually required and supported by payer agreement
- **Denial-Driven**
Write-off followed a payer denial and may still be appealable
- **Process-Driven**
Write-off resulted from an internal miss (workflow breakdown, documentation gap, timing issue)

If a write-off cannot be clearly categorized:

- Pause before approving the adjustment
- Escalate for review

Unclear categorization is often where revenue quietly slips away.

Step 3: Identify the “Never Auto-Write-Off” bucket

Certain write-offs should **never be treated as routine adjustments**.

- Flag and pause any write-off tied to:
- Modifier usage
- Prior authorization
- Medical necessity documentation
- Timely filing

These are not “just billing outcomes.” They are signals that something upstream failed.

Before approving any of these write-offs, confirm:

- The root cause has been clearly identified
- Documentation was reviewed against payer or LCD requirements
- The claim was not abandoned simply due to time or effort required

Step 4: Look for patterns, not totals

Quick audits are not about how much money was lost. They are about **why the same losses keep happening**.

In your next billing huddle, answer these two questions:

- What percentage of our write-offs are **process-driven**?
- Of those, how many involve **modifiers, authorization, medical necessity, or timely filing**?

As you review the sample, watch for repetition:

- Same payer appearing multiple times
- Same procedure family recurring (ESIs, facets, RFA, SI, devices, E/M-25)
- Same modifier or authorization issue repeating

Repetition usually means a fix is waiting to be designed, not bad luck.

Step 5: Review appeal behaviour

Many practices lose revenue not because claims are wrong, but because appeals stop too early.

For denial-driven write-offs, confirm:

- More than one appeal attempt was considered
- Appeals referenced **specific payer policy or LCD language**
- Diagnosis–procedure linkage was clearly stated

- Appeals followed a **structured, repeatable format**, not free-text explanations

One appeal followed by an automatic adjustment is a common revenue leak.

Step 6: Track what matters going forward

To prevent repeat losses, ensure visibility beyond AR days and denial rate.

At a minimum, track:

- Avoidable write-offs as a percentage of charges
- Appeal success rate by payer
- Timely filing leakage
- Write-offs by procedure family

If these metrics are not visible:

- Build simple reporting
- Assign ownership for review
- Revisit monthly or quarterly

Final check before accepting any write-off

Before approving an adjustment, confirm:

- The write-off category is clear and defensible
- The claim does not fall into the “never auto-write-off” bucket
- Documentation and payer rules were reviewed
- The decision is based on rule, not habit

Reminder

Denials do not cause the most revenue loss.

Premature surrender does.

Quick audits help billing teams slow down just enough to make better decisions before revenue becomes unrecoverable.