

# The Financial Impact of Missed Billing Opportunities in a Plastic Surgery Division

## Background

Plastic surgery residents frequently evaluate consults, make clinical decisions, and perform bedside procedures under *indirect* attending supervision, resulting in unbillable encounters.

This study aims to quantify missed billing opportunities from resident-only encounters within our plastic surgery division.

## Methods

Review of consult notes from plastic surgery encounters was performed for November 2023 to October 2024.

Count of encounters deemed unbillable were recorded for each month.

A subanalysis was conducted for September and October 2024 encounters, with both procedural and non procedural consults included.

Descriptive statistics were then used to characterize the data, and annual missed professional fees were then estimated based on the subanalysis.

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## Results

\$522,026 over 12 months from 1,052 unbillable encounters:

- \$332,826 from 502 ED consults
- \$189,200 from 550 inpatient/observation encounters

Most common missed procedures:

- Simple laceration repairs (30%)
- Nail bed repairs (12%)
- Abscess drainages (8%)
- Complex integumentary repairs (6%)
- Digit amputations (5%)
- Tendon repairs (4%)

Frequency by Day of Week

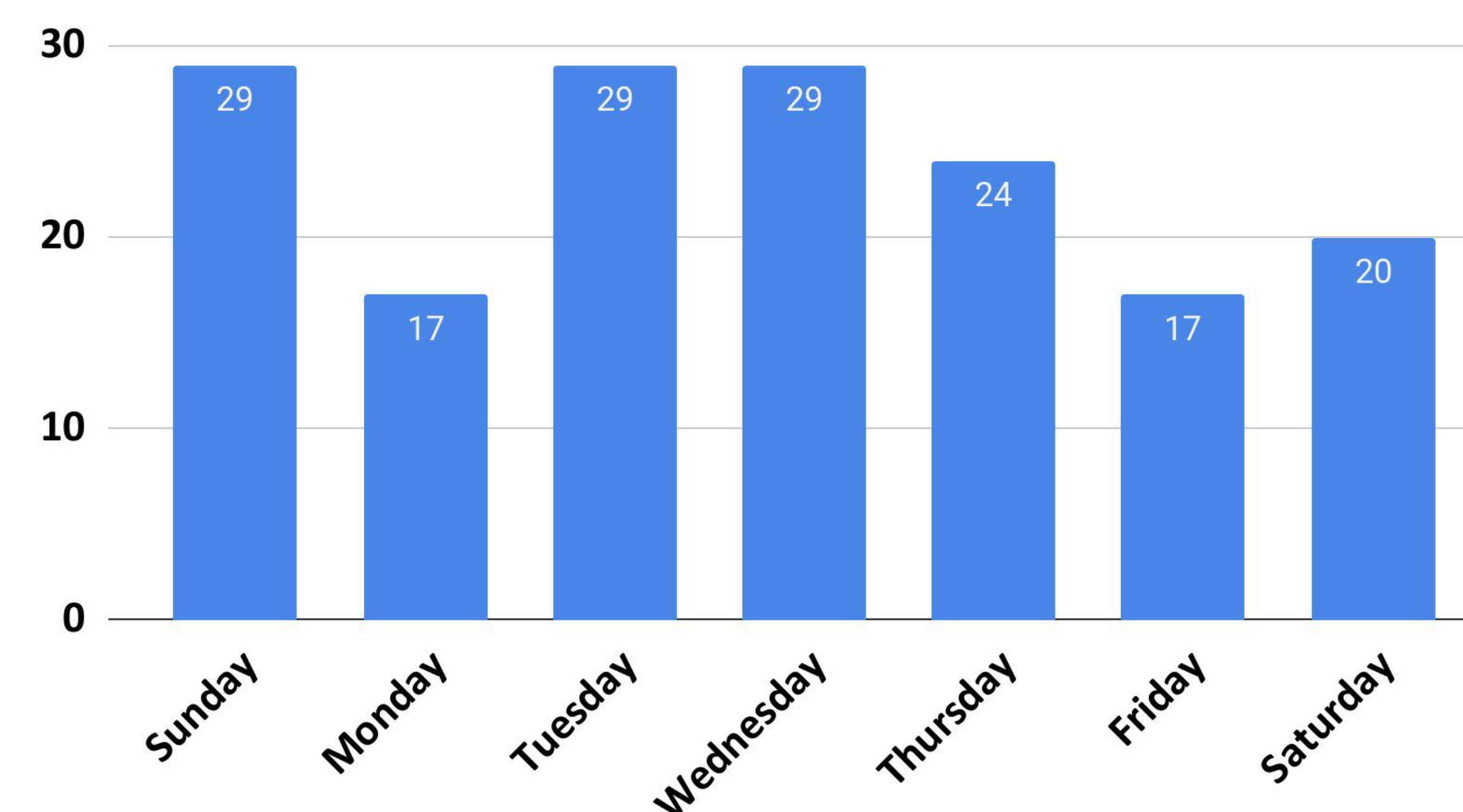


Figure 1. Majority occurred Sundays, Tuesdays, and Wednesdays, with 71% of all missed billing opportunities occurring during the weekdays.

Frequency by Time of Day

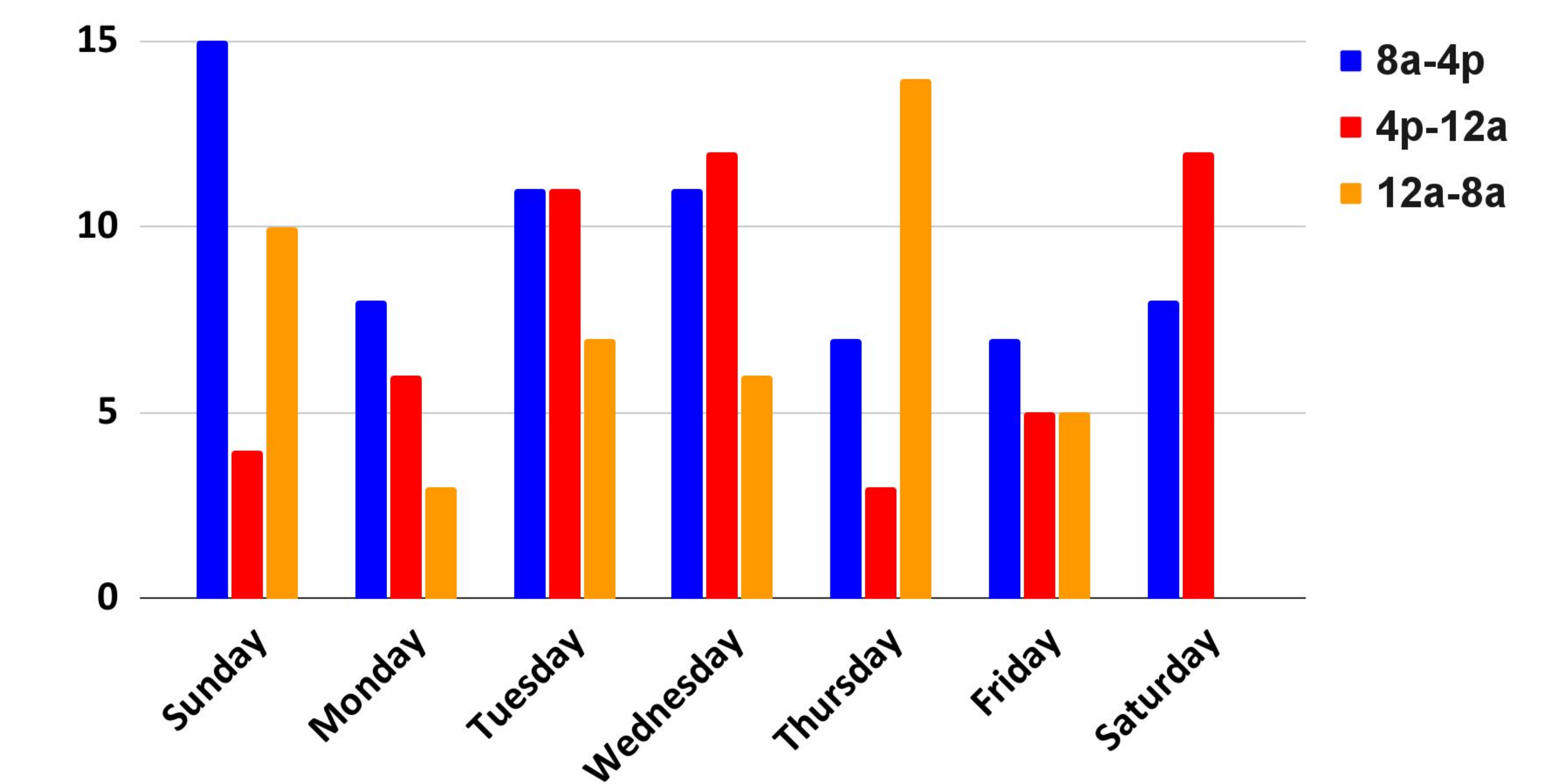


Figure 2. Overall, majority (41%) occurred during the daytime hours from 8am to 4pm, followed (32%) by the evening hours from 4pm to 12am, with the least (27%) occurring during overnight from 12am to 8am.

## Conclusion

Missed billing opportunities, resulting primarily from common bedside procedures, resulted in an estimated greater than \$500,000 in annual revenue loss.

## Future Directions

Solutions to improve revenue capture and workflow efficiency should be explored, including the potential role of an APP during peak daytime hours.

Further evaluation of strategies to optimize billing practices and to enhance both financial and educational outcomes is warranted in academic plastic surgery settings.