

Fixing the Therapy Revenue Cycle with Automation

The therapy clinic revenue cycle is under pressure.

Claim denial rates have climbed to **11.8%**, rework costs have risen to **\$57.23 per denial**, and practices now complete **39 prior authorization requests per physician weekly**. Administrative tasks consume **40% of total healthcare expenditures**.

This whitepaper examines

why manual revenue cycle processes are breaking down, how voice AI automation addresses each stage from verification through denial resolution, and what clinic operators should evaluate when considering the shift.

The revenue cycle is breaking at every stage

Verification

15-20 min per call. Hours of staff time daily before care begins.

Authorization

93% of physicians report auth delays care. 40% employ dedicated auth staff.

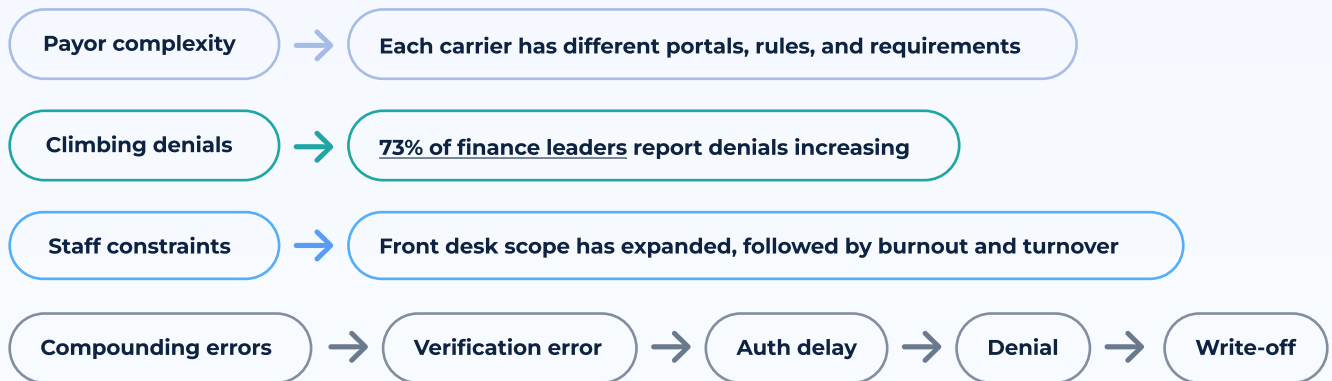
Claims

Upstream errors trigger denials. Transposed numbers, missing auth, outdated data.

Denials

\$25-\$181 to rework. 35-65% never resubmitted. Direct revenue loss.

Why can't manual processes keep pace



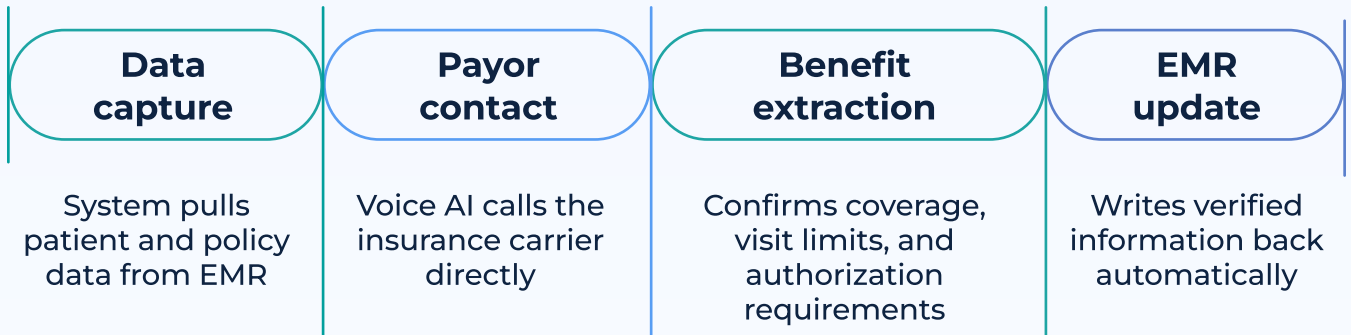
Stage	Common manual errors	Downstream impact
Verification	Incomplete benefit extraction, outdated coverage data	Incorrect patient cost estimates, surprise bills
Authorization	Missed requirements, late submissions	Delayed care, retrospective denials
Claims	Coding errors, missing documentation	Initial denials, payment delays
Denials	Missed appeal deadlines, incomplete responses	Write-offs, lost revenue

How automation transforms the process

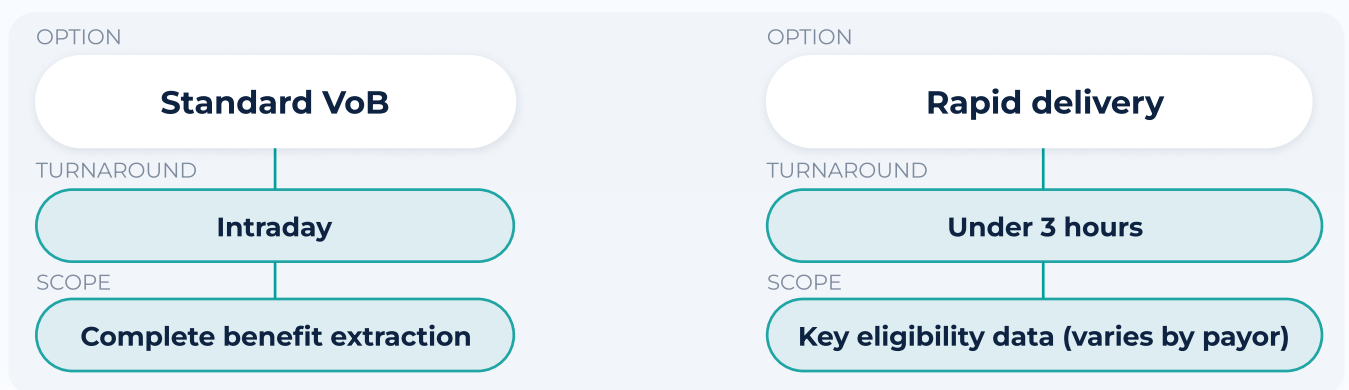
Voice AI agents address each revenue cycle stage with systems that operate continuously, consistently, and without the capacity constraints of manual processes.

Stage	What voice AI handles	Outcome
Verification	Contacts payors directly, extracts benefits, writes to EMR	No staff phone time, consistent data capture
Authorization	Flags requirements, tracks status, and alerts on deadlines	Early identification, systematic tracking
Claim status	Monitors across payors, flags issues pre-aging	Problems caught fresh, faster resolution
Quality control	Multi-step validation	Higher accuracy, fewer downstream errors

How Health Ops by Spike works



Two delivery options



Why Voice AI agents beat manual verification

MANUAL STAFF VERIFICATION

Staff calls payors, waits on hold 10-20 min

Staff logs into multiple portals, extracts data

Documentation varies by person

Competes with front desk duties

Errors compound downstream into claim denials

Payor knowledge depends on staff memory and tenure

AUTOMATED VOICE AI VERIFICATION

Voice AI navigates payor phone systems automatically

System cross-references portals as part of validation

Consistent data capture every time

Runs in the background, no staff time required

Multi-step QC catches issues before claims

RCM Intelligence captures payor-specific behaviors and applies them automatically

The financial case for automation

Denial prevention

26% of denials trace to intake errors. Automation could prevent up to 85% of avoidable denials

Recovered revenue

35-65% of denials are never reworked. Reducing denial volume recovers revenue that would otherwise be written off

Staff reallocation

Verification calls take 15-20 min each. Automation shifts staff time to patient communication and exception handling

Faster reimbursement

Accurate verification and proper authorization documentation mean fewer denials and shorter A/R days.

Cost comparison

Cost category	Manual process	With automation
Verification labor	15-20 min per patient	Automated, staff reviews exceptions
Denial rework	<u>\$25-\$57+</u> per denial	Reduced denial volume
Staff turnover	High (burnout-driven)	Minimal
Revenue leakage	<u>35-65%</u> of claim denials are never reworked	Systematic follow-up on all denials

ABOUT

Health Ops by Spike

Health Ops by Spike is a voice AI platform built for PT, OT, and SLP clinics. It handles insurance verification, prior authorization tracking, and patient communication on top of your existing EMR. When discrepancies arise, human specialists step in to resolve issues before they become claim problems.

Platform Highlights:

Capability	Detail
Payor coverage	1,000+ payors in 45+ states
RCM Intelligence	System learns payor-specific rules, contact patterns, and documentation requirements
Accuracy	4-source validation
Rapid delivery	Key eligibility data in under 3 hours (varies by payor)
Full VoB	Complete intraday benefit verification
Compliance	HIPAA, GDPR, CCPA compliant; ISO 27001:2022 certified
Integration	Direct EMR connection; VoB details in existing workflow
Deployment	Trial kick-off in as little as one week
Specialty focus	Built for PT, OT, and SLP workflows

[SCHEDULE A DEMO](#)

With the Spike team to discuss how you can improve your RCM.

REFERENCES:

1. Healthcare Financial Management Association (HFMA). "Why it's important to understand friction around claims denials." October 2025. <https://www.hfma.org/reference/understand-claims-denial-friction/>
2. Aptarro. "50+ US Healthcare Denial Rates & Reimbursement Statistics for 2026." December 2025. <https://www.aptarro.com/insights/us-healthcare-denial-rates-reimbursement-statistics>
3. American Medical Association (AMA). "Fixing prior auth: Nearly 40 prior authorizations a week is way too many." April 2025. <https://www.ama-assn.org/practice-management/prior-authorization/fixing-prior-auth-nearly-40-prior-authorizations-week-way>
4. Spike Technologies. "Spike Technologies Launches Autonomous Voice AI Agents To Eliminate Operational Burden for Specialty Care Clinics." October 2025. <https://www.spikecare.com/blog/spike-technologies-launches-autonomous-voice-ai-agents-to-eliminate-operational-burden-for-specialty-care-clinics>
5. Journal of AHIMA. "Claims Denials: A Step-by-Step Approach to Resolution." July 2024. https://journal.ahima.org/AMP_EDN/383/Claims-Denials-A-Step-by-Step-Approach-to-Resolution-2438.amp.html
6. HFMA. "ACA marketplace plans see highest denial rate in nine years." February 2025. <https://www.hfma.org/fast-finance/aca-marketplace-plans-payment-denial/>
7. Experian Health. "State of Claims 2025: The denial problem (and is AI the answer?)." September 2025. <https://www.experian.com/blogs/healthcare/state-of-claims-2025/>
8. HFMA. "Redesigning denials management in the OBBBA era." November 2025. <https://www.hfma.org/revenue-cycle/redesigning-denials-management-in-the-obbba-era/>
9. Health Ops by Spike. Platform capabilities and integrations. <https://www.spikecare.com>