

Overview of the Down-Coding Report

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The Down-Coding Report allows you to identify and analyze claims where the procedure code that was billed was adjusted to a lower-level (down-coded) procedure code by the payer. By surfacing these adjustments in aggregate, the report helps your practice recognize patterns in down-coding so that you can quantify the financial impact, investigate the reasons behind the adjustments, and address documentation, coding, or payer behavior that may be costing your practice revenue.

The report breaks this information out by Provider, Procedure, Payer, CARC Code, and Remark Code, showing the number of claims and procedures that were down-coded over the selected time period. From the high-level Summary view you can quickly spot your top contributors to down-coding, and from the Advanced Search you can group, filter, and drill all the way down to the individual claim level to see exactly how each claim was adjusted.



