

# Down-Coding Report

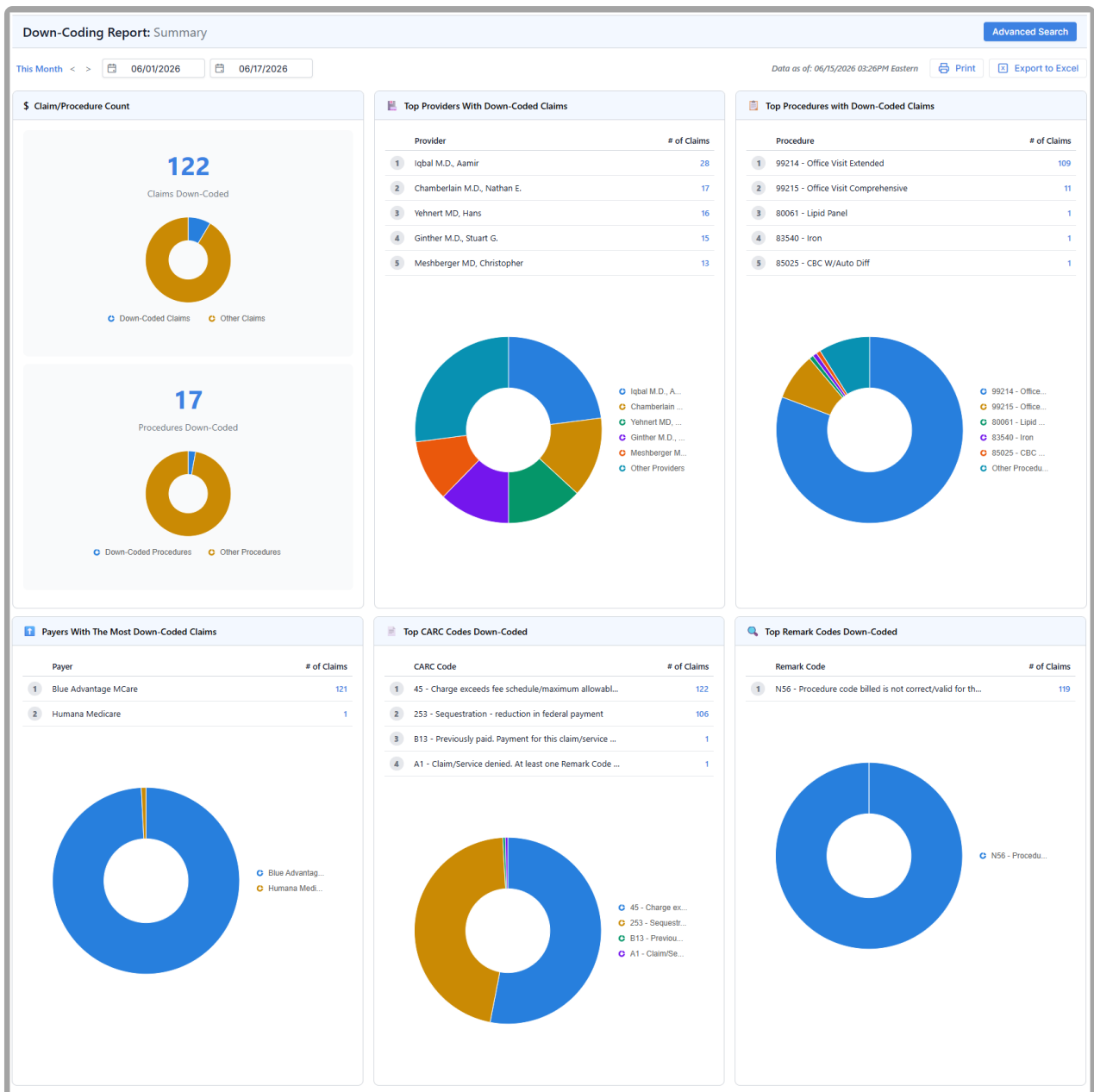
Last Modified on 06/18/2026 10:34 am EDT

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## Overview of the Down-Coding Report

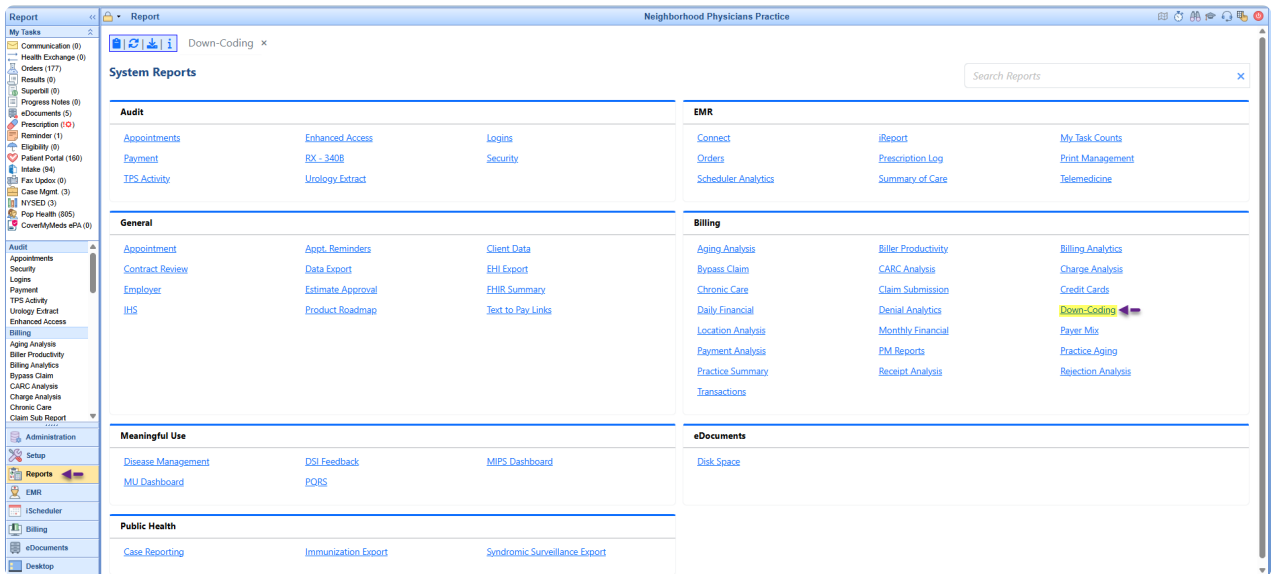
The Down-Coding Report allows you to identify and analyze claims where the procedure code that was billed was adjusted to a lower-level (down-coded) procedure code by the payer. By surfacing these adjustments in aggregate, the report helps your practice recognize patterns in down-coding so that you can 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.



## Accessing the Down-Coding Report

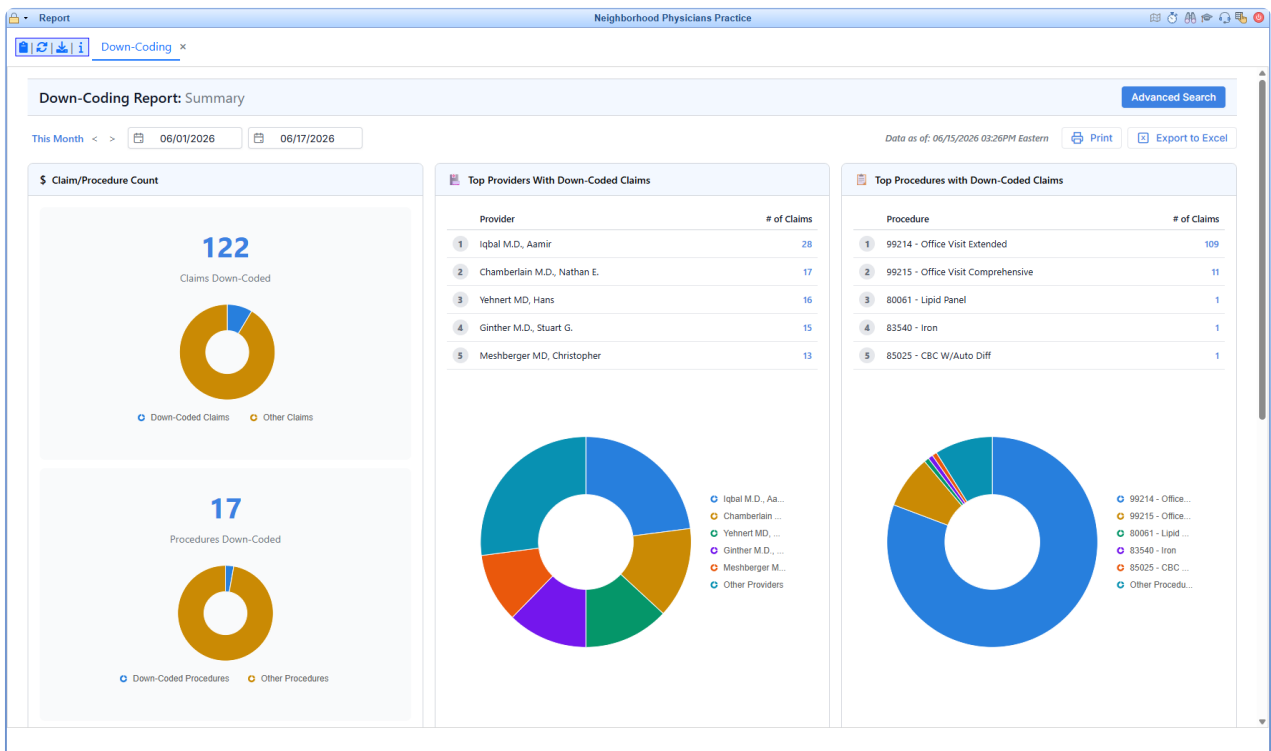
1. Open the **Reports** portal from the navigation menu.
2. From the **System Reports** screen, locate the **Billing** section and select **Down-Coding**.



The Down-Coding Report will open on the **Summary** tab by default, displaying data for the current date range. You can adjust the date range or switch to the **Advanced Search** at any time using the controls at the top of the report.

## Down-Coding Report Summary Tab

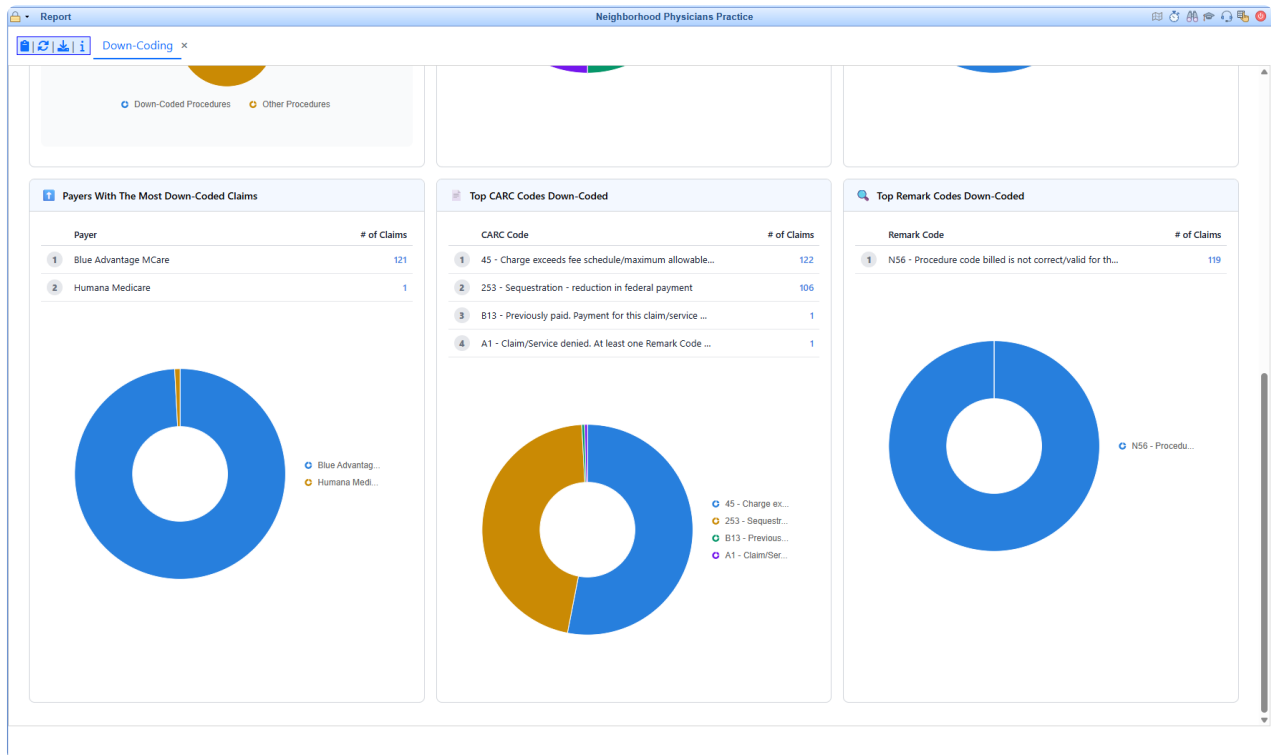
The Down-Coding Report opens on the **Summary** tab, which provides an at-a-glance dashboard of your down-coding activity for the selected time period. Use the date range selector at the top to change the reporting period, and use the **Print** or **Export to Excel** options to save or share the results. The "Data as of" timestamp indicates when the underlying data was last refreshed.



The Summary tab is organized into the following cards:

- **Claim / Procedure Count:** Displays the total number of **Claims Down-Coded** and **Procedures Down-Coded** for the period, each accompanied by a donut chart comparing down-coded claims against all other claims.
- **Top Providers With Down-Coded Claims:** Lists the top 5 rendering providers with highest down-coding claim count, with a supporting donut chart showing each provider's share.
- **Top Procedures with Down-Coded Claims:** Lists the top 5 procedure codes with highest down-coding claim count, with a supporting donut chart showing each procedure's share.
- **Payers With The Most Down-Coded Claims:** Lists the top 5 payers with highest down-coding claim count, helping you focus follow-up on specific payers.
- **Top CARC Codes Down-Coded:** Lists the top 5 Claim Adjustment Reason Codes with highest down-coding claim count, giving insight into why the adjustments occurred.
- **Top Remark Codes Down-Coded:** Lists the top 5 Remittance Advice Remark Codes with highest down-coding claim count, for additional context on the payer's adjustment.

Together these cards let you quickly identify the providers, procedures, payers, and reason codes that are driving down-coding so you know where to investigate further using the Advanced Search.



## Down-Coding Report Advanced Search

Selecting **Advanced Search** from the top-right of the report opens a flexible, query-style view that lets you group, filter, and drill into your down-coding data. Use the **Hide Criteria / Show Criteria** toggle to expand or collapse the search criteria, and use **Print** or **Export to Excel** to save your results. You can also save a configured search as a **Template** so it can be reused later.

The screenshot shows the 'Down-Coding Report: Advanced Search' interface. The search criteria are set to Date Type: Post Date, Group By: Payer, and SubGroup By: Rendering Provider. The results grid shows the following data:

Payer	Rendering Provider	Claim Count	Charges	Payments
Blue Advantage MCare	Iqbal M.D. Aamir	28	\$6,412.00	(\$1,236.76)
Blue Advantage MCare	Chamberlain M.D. Nathan E.	17	\$4,215.00	(\$259.38)
Blue Advantage MCare	Yehner MD. Hans	16	\$3,757.00	(\$679.10)
Blue Advantage MCare	Ginther M.D. Stuart G.	15	\$3,435.00	(\$656.27)
Blue Advantage MCare	Meshberger MD. Christopher	13	\$3,349.00	(\$1,411.27)

## Search Criteria

The Search Criteria panel controls how your results are organized and filtered:

- **Date Type:** Determines which date the report uses for the selected period (for example, Post Date).
- **Group By** and **SubGroup By:** Set the primary and secondary groupings for the results grid. Options include Payer, Rendering Provider, Service Location, Financial Class, CPT Code, CARC Code, Remark Code, Claim Status, Claim SubStatus, Deposit Date, and Post Date.
- **Filters:** Narrow the results by one or more values for Payer, Rendering Provider, Service Location, Financial Class, CPT Code, CARC Code, and Remark Code.
- **Reset Criteria:** Clears your selections so you can start a new search.

## Results Grid

Based on your Group By and SubGroup By selections, the results grid summarizes the down-coded data and typically displays the **Claim Count**, **Charges**, and **Payments** for each grouping. For example, grouping by Payer and sub-grouping by Rendering Provider produces a row for each provider within each payer, with the totals for each.

## Drilldown Capabilities

The values in the results grid are interactive, which allows you to drill from the summarized totals down to the underlying detail. Selecting a grouped value (such as a Claim Count) opens a claim-level detail view. A breadcrumb at the top of the drilldown shows the grouping path you followed (for example, *Group by: Payer = Blue Advantage MCare | SubGroup by: Rendering Provider*), and a **Back** button returns you to the previous level.

The claim-level detail includes:

- **Claim ID:** The system ID of the claim. Selecting it opens the individual claim.
- **Claim Status** and **Claim SubStatus:** The current status of the claim.

- **Claim DOS:** The date of service.
- **Procedure:** The procedure code that was originally billed.
- **Adj. Procedure:** The lower-level procedure code the claim was down-coded to, making it easy to see exactly how the claim was adjusted.
- **Charges and Payments:** The charge and payment amounts for the claim.
- **Payer:** The payer associated with the claim.
- **Deposit ID:** The related deposit. Selecting it opens the deposit.
- **Deposit Date and Post Date:** The deposit and post dates.

From the drilldown you can also select **Open Claim Query** to work the resulting claims, or **Export to Excel** to save the detail. This drilldown path lets you move from a high-level trend all the way to the specific claims behind it without leaving the report.

**Down-Coding Report: Advanced Search**

Close Advanced Search

Back Data as of: 06/15/2026 03:26PM Eastern Export to Excel Open Claim Query

Drilldown: Group by: Payer = Blue Advantage MCare | SubGroup by: Rendering Provider = Iqbal M.D., Aamir

CLAIM ID	CLAIM STATUS	CLAIM SUBSTATUS	CLAIM DOS	PROCEDURE	ADJ. PROCEDURE	CHARGES	PAYMENTS	PAYER
70047	Ready to Send, Statement		02/09/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$81.63)	Blue Advantage N
70055	Ready to Send, Statement		02/10/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$66.93)	Blue Advantage N
70105	Ready to Send, Statement		02/10/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$76.73)	Blue Advantage N
70237	Ready to Send, Statement		02/12/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$66.93)	Blue Advantage N
70277	Ready to Send, Statement		02/12/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$66.93)	Blue Advantage N
70468	Ready to Send Secondary, Pa...		02/12/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	(\$81.63)	Blue Advantage N
70680			01/13/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	\$66.93	Blue Advantage N
70682			01/14/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	\$66.93	Blue Advantage N
70684			01/15/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	\$66.93	Blue Advantage N
70688			01/27/2026	99214 Office Visit Extended	99213 Office Visit, Intermediate	\$229.00	\$66.93	Blue Advantage N

Items per page: 10 1 of 3 pages (28 items)

Current User: Farias, Michell | Last Logon: 06/17/2026 9:25AM (PDT) with 1 unsuccessful logon attempt | Session: 1:59:45 | Distributed By: iSalus Healthcare