

CASE STUDY

HOW BIS REDUCED CODING ERRORS THROUGH TARGETED PROVIDER EDUCATION

BACKGROUND

Business Integrity Services (BIS) partnered with one of the largest multi-specialty medical groups in the country, operating across three states, to address recurring issues with provider selection of code for service. BIS has assigned certified coders to handle the organization's billing, based on coding guidelines and supporting documentation.

In order to improve provider selection of both lower and higher code, BIS's coding leadership team launched monthly educational sessions in **February 2025**, attended by **39 clinical providers from the organization**. These sessions, held in a **presentation-style format lasting 30 minutes**, were designed to improve documentation standards and increase provider awareness of accurate code selection based on medical documentation.

WHY UPCODING & DOWNCODING IS PROBLEMATIC

Upcoding involves billing for a higher level of service than was actually provided. This can trigger compliance flags, legal consequences, and damage trust with payers and patients.

Upcoding typically occurs when a healthcare provider, or billing staff assigns a code that makes a service appear more complex or expensive than it actually was. Upcoding often happens by mistake. Common reasons include unclear or incomplete documentation that makes it hard for coders to choose the correct code, confusion about coding guidelines, or relying too much on electronic health record (EHR) systems that auto-select higher-level codes. Providers may also use templated notes that make routine visits seem more complex than they are. These issues are especially common in busy clinics where coders or providers haven't received consistent education or feedback on proper documentation and coding practices.

Downcoding occurs when providers bill for a lower level of service than appropriate. This leads to significant revenue leakage and underrepresents the complexity of care delivered.

In most cases, downcoding is unintentional. It often happens when providers under-document key elements of the visit, making it difficult for coders to justify a higher-level code. Sometimes, providers may downcode out of caution - fearing audits or penalties or because they're unsure of documentation requirements. Lack of training on Evaluation and Management (E/M) coding guidelines and inconsistent feedback can also contribute. Over time, routine undercoding not only impacts revenue but can also create inaccurate patient records and skew performance data used for clinical or financial decision-making.



In both cases, upcoding and downcoding represent documentation and coding gaps that can significantly impact healthcare operations - whether through lost revenue, compliance risk, or distorted patient data. Proactive education, consistent feedback, and strong documentation practices are essential to ensure accurate coding, protect revenue integrity, and support high-quality patient care.

THE PARTNER ORGANIZATION

The client is a large, multi-specialty healthcare organization focused on outpatient procedures and complex care delivery across a multi-state network. With a wide network of providers, the client serves a high volume of complex patient cases across multiple locations, making accurate coding and compliant documentation essential for maintaining revenue integrity and avoiding risk.

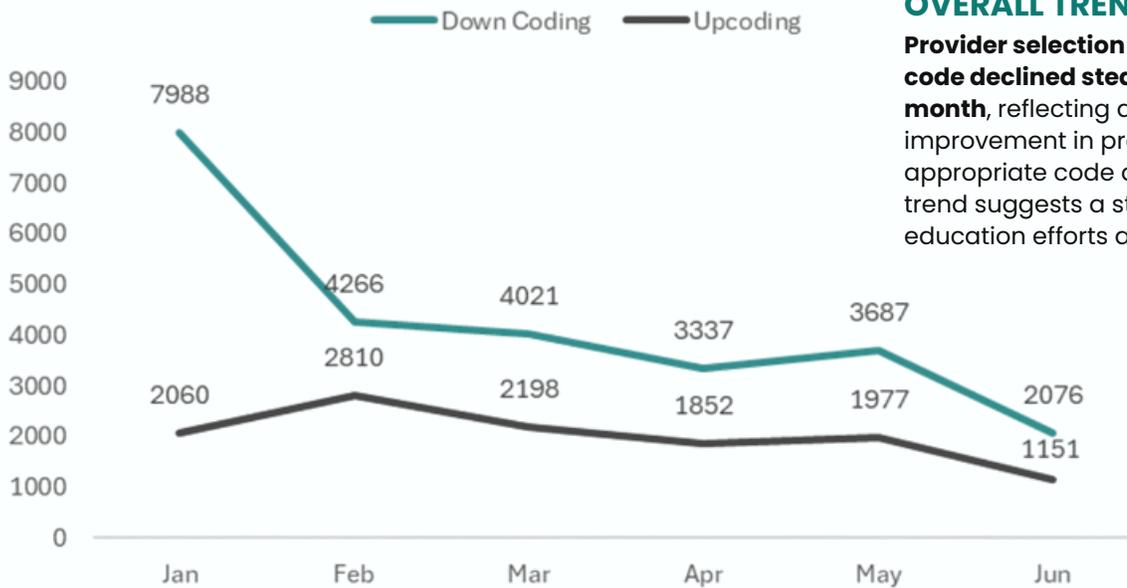
In 2025, BIS partnered with the large multi-specialty medical group to educate the providers on their coding selection through a series of monthly educational sessions. Delivered in a presentation-style format, these 30-minute trainings were attended by 39 providers and led by BIS's coding leadership team. The goal was to equip the clinical staff with a deeper understanding of how to properly document services and select the appropriate CPT codes in alignment with payer and coding guidelines as well as medical necessity. This initiative has already led to measurable improvements in provider code selection and has reinforced organization-wide compliance, with our certified coders consistently billing only based on what the documentation supports.

RESULTS

Since the launch of these sessions in February 2025, the large multi-specialty medical group has seen consistent, measurable improvements in provider code selection. Selection of lower and higher code trends have declined steadily - a clear indicator that BIS's monthly education has helped providers better understand how to document services accurately and code in alignment with clinical complexity and payer expectations.

OVERALL TREND

Provider selection of a lower and higher code declined steadily month over month, reflecting a consistent improvement in provider's selection of the appropriate code and compliance. This trend suggests a strong adoption of education efforts across the provider base.



SELECTION OF A LOWER LEVEL CODE IMPROVEMENT (↓ 74%)

From 7,988 in January to 2,076 in June. This significant reduction shows that providers are now more accurately representing the complexity of services delivered. Undercoding is often driven by documentation gaps or uncertainty in billing for higher-level care. The education sessions directly addressed these issues, boosting provider confidence in selecting the correct codes.

SELECTION OF A HIGHER LEVEL CODE CORRECTION (↓ 44%)

From 2,060 in January to 1,151 in June. The decline in the provider selecting a higher level code reflects a better understanding of medical necessity documentation and appropriate code usage. Providers are avoiding overstating service intensity, reducing compliance risk and aligning more closely with payer expectations.



PROVIDER EDUCATION IMPACT

These improvements reflect the success of **monthly training and documentation support** tools implemented by BIS. By simplifying complex coding rules and reinforcing proper documentation habits, providers became more accurate and consistent in their selection of code behavior.

GREATER REDUCTION IN SELECTION OF A LOWER LEVEL CODE

The larger drop in selecting a lower vs higher level code is especially encouraging. It shows that providers are no longer hesitating to bill for complex services when justified - a major win in minimizing revenue leakage and ensuring fair reimbursement.

RECOMMENDATION

Maintain monthly provider education to **continue reducing code selection errors**, identify outliers for targeted coaching, and **leverage data trends for ongoing compliance monitoring and benchmarking**.

These results were recently presented at the client's Monthly Business Review (MBR), where executive leadership expressed strong satisfaction with the improvements. The data demonstrates that BIS's targeted, ongoing provider education is driving real compliance gains.



CONCLUSION

Provider selection of higher and lower level codes for service are major compliance and revenue issues, but as this case clearly shows, they're frequently the result of small misunderstandings, unclear documentation habits, or lack of regular feedback. With just a few months of structured education and consistent support, BIS helped 39 providers significantly reduce both types of coding errors. This not only improved documentation accuracy and compliance but also built long-term confidence in proper code selection. A little education can go a long way in driving both financial and operational impact.