



Precision Coding Review

More Defensible Savings, Less Administrative Burden

Executive Summary

Health plans are not lacking coding signals. They are overloaded with them. The challenge is deciding which signals lead to actions that can be consistently supported and sustained.

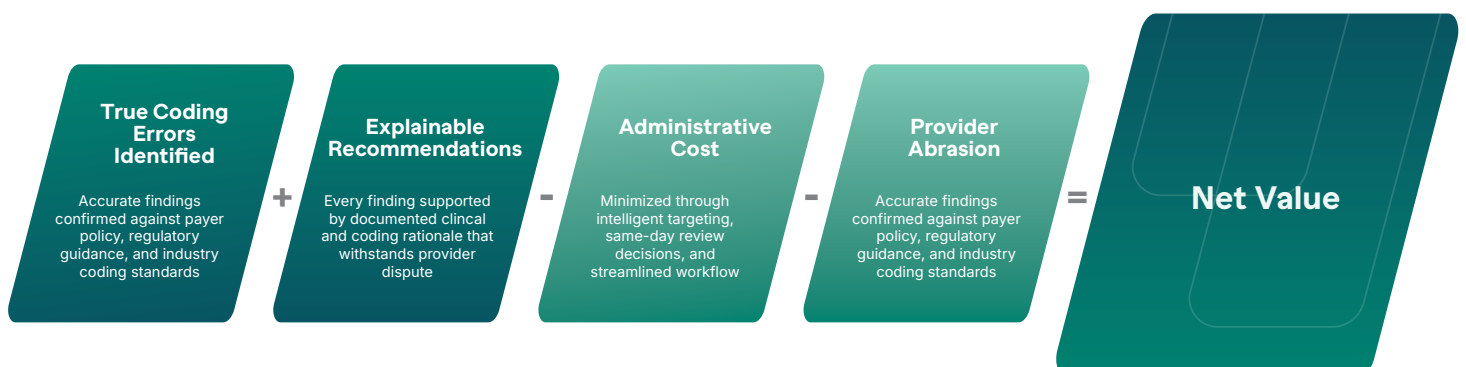
Not all coding signals can be resolved through rules alone. Modifier use, procedure relationships, diagnosis alignment, and provider-specific billing patterns often require additional context and judgment to produce a clear outcome.

Coding Review addresses this gap. It is a payer-side coding accuracy function designed to evaluate claim scenarios where additional context can materially improve decision quality and strengthen the consistency of outcomes.

The objective is not broader review. It is more precise, more targeted review that improves the quality of decisions while reducing unnecessary downstream effort.

As coding complexity increases and administrative burden remains a priority, payers are refocusing on how coding questions are identified, evaluated, and resolved. Many coding questions are not simply correct or incorrect at first pass. They remain unresolved until claim context, coding guidance, and payer policy are evaluated together.

Value is created when coding questions are resolved accurately, decisions are clearly supported, and outcomes remain stable without generating avoidable rework, reconsiderations, or provider disruption.



What Coding Review is

Coding Review is a payer-side coding accuracy function that evaluates whether a claim is coded in alignment with coding standards, payer policy, and available claim context.

It helps address questions such as:

- Is the modifier supported by the services billed
- Are procedures distinct or appropriately bundled
- Does the diagnosis support the procedure relationship
- Are units, frequency, and code combinations appropriate
- Is the coding sufficient to support a clear payment recommendation

Coding Review operates between automated editing and downstream inquiry management. It translates coding signals into clear, supportable decisions grounded in context, guidance, and policy.

This positioning allows payers to resolve coding ambiguity earlier in the claim lifecycle, where decisions can be made efficiently and with greater clarity. Earlier resolution reduces avoidable rework, limits unnecessary provider interaction, and supports more consistent outcomes.



Why Precision Matters

Payment integrity programs operate across diverse claim types, coding scenarios, and billing patterns. As complexity increases, applying review resources uniformly creates unnecessary cost and inconsistency.

Not every coding signal warrants the same level of evaluation. A precision-based approach focuses on scenarios where:

- The discrepancy is clearly defined
- Relevant coding guidance applies
- Claim context supports evaluation
- A recommendation can be supported with clear rationale

This shift reflects a broader view of value. Gross savings alone do not reflect program performance. Savings that are inconsistent, frequently overturned, or operationally expensive to maintain do not represent durable value. A more complete view considers downstream impact, including rework, reconsiderations, provider interaction, and administrative effort.

When review programs are not precise, they create hidden cost through:

- False positives that drive unnecessary provider engagement
- Inconsistent decisions that increase reconsideration volume
- Weak rationale that leads to overturned findings

Precision improves this equation by focusing review effort where it can produce accurate, defensible, and sustainable outcomes.



Savings that do not hold create cost. Precision is what makes savings durable.

Precision Over Volume

Coding Review programs often evolve from broad identification models toward more targeted evaluation. Early approaches may prioritize volume. More mature approaches prioritize decision quality.

A precision-oriented approach aligns review activity with outcomes by:

- Focusing effort where it can have meaningful impact
- Supporting consistent application of coding guidance
- Reducing avoidable downstream work
- Concentrating expert judgment where it adds value

Precision does not limit opportunity. It improves the relationship between opportunity, review effort, and outcome quality.

The strongest programs identify coding scenarios that can be evaluated consistently and supported with clear rationale, producing outcomes that hold under review and minimize downstream friction.



Precision turns coding signals into decisions that hold.

Resolving Coding Ambiguity in Practice

A claim is flagged for modifier use that bypasses a standard edit. The edit identifies a potential issue but does not determine whether the modifier is appropriately applied based on the full claim context.

Without additional evaluation, the claim may follow one of two inefficient paths:

- The modifier is accepted, and a potential coding discrepancy is missed
- The claim is adjusted based on the edit, generating a denial that may not be consistently supported and is likely to be reconsidered

Coding Review evaluates the relationship between the procedures, the modifier, and the associated diagnosis in the context of applicable coding guidance and payer policy.

This produces a single, clearly supported recommendation based on the full scenario rather than the edit signal alone.

Resolving the ambiguity at this stage reduces the likelihood of inconsistent decisions, limits unnecessary provider engagement, and improves the durability of the outcome.

The Role of Intelligence and Expert Review

Coding scenarios vary in complexity. Some can be resolved through established rules, while others require interpretation.

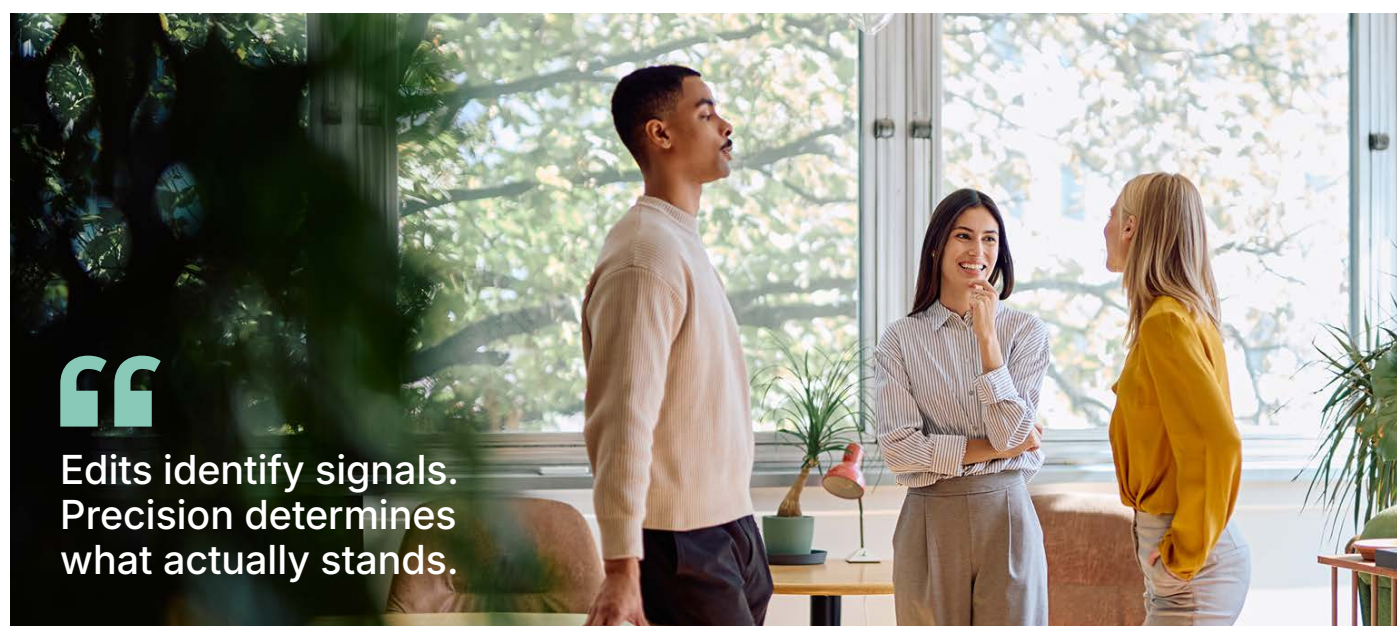
Technology supports Coding Review by:

- Organizing claim context
- Identifying patterns
- Reducing non-actionable noise
- Prioritizing review opportunities

These capabilities help distinguish between signals that can be resolved through automated logic and those that require expert judgment.

Effective Coding Review combines intelligence with structured review frameworks. It applies human expertise selectively, focusing on scenarios where interpretation materially improves decision quality.

As patterns are better understood over time, review can be applied more consistently across similar scenarios, reducing variation and improving predictability.



**Edits identify signals.
Precision determines
what actually stands.**

Four measures. Four durable outcomes. One unified approach to Coding Review value.

The Evaluation Framework:



Drives Durable Outcomes

The Results:



Immediate impact. Lasting results. That is the Coding Review difference.

From Rationale to Consistent Outcomes

Coding Review delivers value when similar scenarios produce similar outcomes.

Each recommendation is grounded in:

- Coding standards
- Payer policy
- Available claim context

This foundation creates a clear rationale. A clear rationale enables consistent decisions.

Consistency reduces variation across reviewers, limits unnecessary inquiries, and supports a more predictable provider experience.

It also strengthens governance. Repeatable decision frameworks enable monitoring, calibration, trend identification, and continuous refinement.

Consistency is not only an operational objective. It is a prerequisite for scalability, auditability, and defensibility.

Measuring Coding Review Value

Coding Review value is best evaluated using a balanced set of measures that reflect both accuracy and operational impact.

A practical framework includes:

- **Coding Accuracy**: Identification of true coding discrepancies
- **Defensibility**: Strength and clarity of recommendations
- **Efficiency**: Reduction in downstream effort
- **Consistency**: Alignment of outcomes across similar scenarios

Together, these measures reflect not only immediate impact, but the durability of outcomes over time.

Durable outcomes are associated with:

- Fewer reversals
- Reduced rework
- Lower administrative cost
- More predictable performance

This perspective aligns financial outcomes with operational sustainability and provider experience.

Conclusion

Coding Review plays a defined role within the payment integrity ecosystem. It complements automated editing by addressing scenarios where additional context or judgment can support clearer outcomes.

As organizations continue to refine their approaches, there is an opportunity to further align review activity with scenarios where it can have the greatest impact.

Programs that emphasize:

- Thoughtful targeting of review scenarios
- Clear and supportable rationale
- Consistent application of decisions
- Awareness of downstream effects
- Ongoing monitoring and refinement can support improvements in payment accuracy while maintaining operational efficiency and provider experience.

In a healthcare environment where accuracy, transparency, and administrative efficiency all matter, Coding Review offers a disciplined way to resolve complex coding questions with greater clarity and consistency.



**More precision.
More defensible savings.
Less unnecessary review.**

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