

\$7M in DRG Overpayment Exposure Identified

Targeted review revealed systemic procedure-related coding and documentation gaps.

Over the course of three months, a large healthcare payer completed a targeted DRG review that identified significant overpayment exposure tied to procedure-related coding issues. The review showed that more than 25% of the cases resulted in recoverable savings, with total overpayments exceeding \$7 million for the quarter. These findings pointed to recurring patterns such as inaccurately assigned procedure codes, documentation that did not fully support certain secondary diagnoses, and DRG weights that were higher than what the clinical record supported.

Our proprietary technology played a central role in helping us identify these trends quickly and consistently across the sample; it allowed us to isolate procedure-driven discrepancies and documentation gaps at a level of detail that would have been challenging to uncover through manual review alone.

This gave the team a clear view of where the coding and clinical narratives did not align, ultimately allowing the payer to understand the true drivers of the overpayment exposure.

Alongside the technology, our experienced auditing team provided the clinical and coding expertise needed to validate each case and ensure findings were accurate, defensible, and grounded in the documentation. By combining automated insights with expert review, we were able to provide a complete picture of the issues and offer targeted recommendations to strengthen coding accuracy and reduce future payment risk for the payer.

\$7M

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exposure identified

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