Overview of Medical Coding

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Abstract: *Medical coding involves converting medical procedures, diagnoses, services, and equipment into alphanumeric codes. ICD codes are used to represent a patient's illness or injury, while CPT codes pertain to the services performed by healthcare providers for the patient. HCPCS level II codes are utilized for healthcare equipment and supplies. Each code comes with its own specific rules and guidelines, and they must be applied in a specific sequence. When billing for services, medical billers rely on the reported codes. Even a minor error can result in significant time spent identifying the source of mistakes and cause substantial delays in receiving payments. Medical coders from clinical data management team process these terms and perform medical coding. Medical coding is performed to categorize the medical terms reported appropriately so that they canbe analyzed/reviewed. This article describes process which is used for medical coding in clinical data management and two most commonly used medical dictionaries MedDRA and WHO-DDE in brief. It is expected to help medical coders to understand the process of medical coding in clinical data management. Few common issues which the medical coder faces while performing medical coding, are also highlighted.*

Objective: Identifying medical coding and billing errors and their management among medical coders and billers is the goa.

Keywords: Medical Coding, MedDRA®, WHO-DDE, Verbatim Term, Medical CodingDictionaries, Auto Coding, Manual Coding

I. INTRODUCTION

The practice of medical coding involves converting medical diagnoses, procedures, services, and equipment into universal alphanumeric codes. This is accomplished using medical record documentation, including physician's notes, laboratory and radiologic results. Medical coders play a key role in ensuring the accurate application of these codes in the medical billing process. This involves extracting information from documents, assigning the relevant codes, and preparing insurance claims for payment. Whenever you visit a healthcare provider, medical coding comes into play. The healthcare provider assesses your condition, records it, and this documentation not only maintains your medical history but also determines how the healthcare provider gets reimbursed. In essence, medical coding entails the application of universal alphanumeric codes to healthcare services, encompassing medical diagnoses, procedures, services, and equipment. Medical coders rely on a patient's medical record, such as physician's notes, lab reports, and service lists, to assign the appropriate diagnosis and procedure codes. This process involves extracting medical information from these documents, accurately coding it, and facilitating the creation of claims for submission to insurance providers. Medical coding professionals play a crucial role in ensuring the correct coding during the billing process.

1.1 Aim and Objectives:

To illustrate a deeper comprehension of the career exploration process and how it aligns with their skills and interests in their chosen major/career path. To investigate the duties, workplace environments, income potential, job outlook, and available resources linked to the careers they are considering. To assist in gaining insights into employment

opportunities within their intended career direction. To develop lifelong skills for job searching, securing internships, applying to graduate school, and navigating career transitions. To augment their clarity regarding their career path and future plans.

Job Description

The role of a medical coding specialist is to accurately document a patient's interaction with a healthcare provider, ensuring the highest level of specificity to facilitate proper reimbursement for services rendered. This professional, also referred to as a medical coder, possesses the expertise required to craft this narrative. In this role, they are responsible for converting healthcare diagnoses, procedures, medical services, and equipment details into universal alphanumeric codes that are universally applied during the medical billing process. Their proficiency lies in extracting precise information from documentation, test results, and reports and subsequently assigning the appropriate codes to create insurance claim submissions that will be approved for payment.

Responsibilities Include

Overseeing the coding program to ensure that diagnoses and procedures for both inpatient and outpatient accounts are accurately coded in compliance with ICD-10, CPT-4, and HCPCS coding classification systems, meeting the requirements of the billing system. Collaborating closely with physicians, technicians, insurance companies, and other relevant stakeholders to uncover and discuss the findings of coding analyses. Formulating, adapting, and implementing company policies and procedures that have an impact on this role.

Job Responsibilities

Gather and compile background information about physicians from various sources for reporting purposes. Evaluate medical malpractice claims by identifying issues, incidents, diagnoses, and procedures that led to the legal action. Create summaries and allocate the relevant codes appropriately. Examine claims to construct a summary of facts and collaborate with claims examiners as necessary. Rectify errors in preliminary reports sent for physician review and promptly deliver approved reports to management.

Career Opportunities

In the healthcare field, medical coders collaborate with a team that includes medical billers, auditors, documentation specialists, and other health information technicians. Each team member plays a vital role in the management of health information data. Health information technicians who specialize in coding go by the titles of medical coders or medical coding specialists. The responsibilities of medical coders encompass reviewing patient records and translating the aforementioned information into categorized numeric and alphanumeric codes. While this may seem straightforward, coding a medical chart frequently involves the pursuit of clues to determine the most appropriate codes that effectively convey the patient's medical history.

Summary

The process of converting medical diagnoses, procedures, medical services, and equipment into universal medical alphanumeric codes is referred to as medical coding. To generate diagnoses and procedure codes, medical record material such as transcriptions of physician's notes, laboratory and radiologic results, is utilized. This sample medical coder job description serves as an excellent starting point for crafting a job posting that will attract top candidates. To achieve the best results, maintain the structure and organization of this template, then modify and adjust it to align with the job duties and requirements of your available position. Explore Monster's medical office job listings for additional suggestions on how to compose your description.

II. CONCLUSION

The process of translating procedures, healthcare diagnoses, medical services, and equipment into medical alphanumeric codes is termed medical coding. Enhancing and overseeing the accuracy of medical coding and billing has a substantial impact on the organization's precision and revenue. The most prevalent issues include insufficient

documentation, improper coding and modifiers, unbundling of services, and a lack of expertise in coding principles, anatomy, and medical terminology. To mitigate errors, medical coders can undergo proper training in coding guidelines, engage in auditing and monitoring, and impart knowledge about medical language, anatomy and physiology, medical abbreviations, and diagnoses. While it's impossible to completely eliminate coding and billing errors, understanding their root causes can help reduce and manage them effectively.

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