

Sometimes It's Good to Breach the Rules but Not in Medical Coding

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Medical Profession is one of the most respected and noble of all. The governing bodies of the respective state/country control the activities involved as well as practice performed by the respective professionals. Medical profession involves performing activities associated with the health of diseased person or populace, with respect to which, they perform activities such as diagnosis, prevention, management, treatment or cure of particular condition. However, like there are many loopholes in practice of any profession, so as there exists in medical profession too. It depends upon the governing body of the respective country to control the menace associated with it. In USA, good news is that each profession is regulated by an astute apex body. The committee of the Apex body regulates the practice in the country through set of guidelines which are updated on regular basis. Same as in pharmaceuticals as well as in medical practice in USA, which are governed and regulated by FDA (Food and Drug Administration), Centers for disease control and prevention etc. In USA and some additional countries even, the payments for healthcare service rendered by HCP (Healthcare practitioners) gets regulated. AAPC is the main certified body which along with regulating the billing issues also offers certification courses to the budding future professionals. Medical coders or Certified Medical Coders in short CMC are the people who help in drafting the medical procedures /documentation conducted by healthcare practitioners into the set of detailed codes to make it permissible enough to send to the payers. Many issues pop-up while carrying out the process, such as, wrong codes submitted resulting to denials, wrong coding leading to even fraud allegations. In competitive market such as of today, even a small coding error could result into spoiling of the image as well as reputation of the hospital or the practitioners/provider himself despite being punished of hefty amounts from the regulatory body. The present review, thus, has been written in perspective, that, "*Sometimes it's good to breach the rules, but not in Medical coding*", or, I would say, not even in pharmaceuticals, medical profession or in the present case, in the Medical coding.

Medical coding all started at the age of 1347/1348, when Black Death was most feared of all. During the early age of 1800, common prevalence of Cholera/Plague was there. It resulted into the deaths of huge number of population. This resulted into search for treatment options at faster pace. Along with this, the committee was set up in the year 1853 to recognize the need of uniform classification of causes of death. International statistical

congress convened in Brussels in 1853, realized this need. The work by statistician then got recognized by the wider populace. By the year, 1893 and 1900, the work was accepted by the United States, the Canada and the Mexico. The progress of acceptance of classification, reached to almost 25 countries, as delegates from these countries openly supported the better way of classification and the need for classification.^[1]

The first ever record of Medical coding, dates back to London, when it classified the death or mortality.

The first ever record on medical coding, was called, "*Bills of Mortality*".

Though "*Bills of Mortality*", did not had all the characteristics of the medical coding aspect which exists today, it did worked to initiate/start, the process to classify the medical information into set of codes which could be accepted at international level.

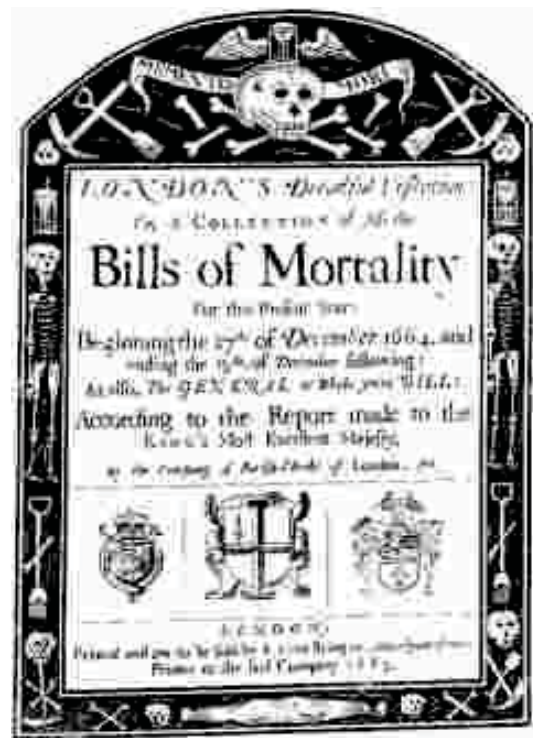


Figure 1: Bills of mortality^[2]

An idea of tracking the mortality rates as well as the disease occurrence were felt by WHO, which then further signaled to draft an International classification of diseases manual.^[2]

Medical coding terminologies have been described in three aspects, CPT®, also known as, Current procedural terminologies, it classifies procedures and services; the Healthcare common procedure coding system (HCPCS) and the International classification of diseases (ICD).

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Each and every terminology has their respective effect and reason for existence. WHO ever since the launch of ICD, have been revising the system, in a gap of every 10 years.

ICD known as International classification of diseases was initially adopted internationally in year 1948. Other terminologies associated with respective branches have too been devised with the growing knowledge base and complexities. ICF, the international classification of Functioning, Disability and Health relates to disabilities. DRG, Diagnosis related groups has been drafted to gain uniformity in diagnosis area, (CDT) the code of dental procedures and nomenclature drafted to ease coding for dentists, (DSM-IV-TR) Mental healthcare professionals used the diagnostic and statistical manual of mental disorders for their coding needs and (NDC) National drug codes has been instrumental in developing consistency and standardization of prescription drugs. [2]

Why we can't breach the rules in medical coding? - Like every profession involves lots of complexities, even the medical coding do possess the same. Medical coding, as mentioned earlier is job of transforming the medical procedure rendered by the healthcare provider who are hired on contractual basis by the payers, i.e. Insurance providers. The codes are then processed by medical billers or directors of the payers, who then process the reimbursements to the specific healthcare provider who rendered his professional medical service to the respective patient.

What happens, when wrong codes is submitted for reimbursements? - It either leads to "denials", or "rejections", in some cases Fraud allegations, when a code is submitted for the procedure which was actually not rendered by the healthcare provider.

Payment denials or rejections, lands the HCP (healthcare provider) in trouble, as due to scarcity of timely payments, it becomes difficult to continue rendering the services for patients.

Fraud allegations, on the other hand, lands the healthcare provider into legal troubles, this may hamper or damage his reputation in the market and rather make him liable.

Putting up wrong codes for reimbursements, is one of the main issues concerning the Medical coding and billing practices in not only USA, but, other countries as well, where it is being practiced.

Coming up of ICD-10 into practice - ICD-10 transition from ICD-09 has brought nightmares in the lives of Medical coding professionals and physicians practicing their services. Why? As with new ICD-10 implementation, the procedural codes have changed from the earlier 17,000 to 1,40,000. With the advent and implementation of ICD-10, even minute, minuscule procedure codes have been included, like a cut in left eye or right eye or in the center of eye brow, would have different codes. Broken left upper leg and left lower leg would be coded differently as compared to the one which was coded keeping in mind, ICD-09. Certain procedures need hospitalization whereas some do not. If a procedure is performed for medical condition for which hospitalization was not at all needed, coding for such procedures won't result in reimbursements, on the other hand it may land the provider into much higher rate of trouble and even fraud allegations.

The issues will crop up more or may be less, after implementation of new revision of ICD, i.e., ICD-11. WHO which is World Health Organization, a premier body which regulates the ins and outs of healthcare sector, has planned to roll out ICD-11 by the year 2018. [3]

Only recommendation is with newer revisions bound to come in future again and again, the only best practice is to keep ourselves updated with the latest guidelines and issues and make no mistake, as, again I would like to emphasize that "Sometimes it's good to breach the rules but not in medical coding".

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