



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. <sup>[2]</sup>

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. <sup>[3]</sup>

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".

## REFERENCES

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