



STUDY ON KNOWLEDGE BETWEEN CERTIFIED MEDICAL CODERS AND EXPERIENCED NON-CERTIFIED MEDICAL CODERS IN A PRIVATE MEDICAL CODING COMPANY.

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ABSTRACT

Introduction: Medical coding is the process of transforming descriptions of medical diagnoses and procedures into universal medical code numbers. The diagnoses and procedures are usually taken from a variety of sources within the health care record, such as the transcription of the physician's notes, laboratory results, radiologic results, and other sources.

Aim: To compare the knowledge of Medical Terminology, CPT, ICD, HCPCS, ICD Guidelines between Certified Medical Coders and Experienced non-certified Medical Coders.

Methods: A prospective comparative study was conducted in a private medical coding company. Participants for this study are categorized into two groups Certified Medical Coders and Experienced but not having any certification in Medical coding.

Results: 90% of experienced non-certified Medical Coders are having experience of more than 5 years as medical coders. In ICD 10 coding and guidelines, 94%, 89% of non-certified Medical Coders are knowledgeable. 90% of non-certified Medical Coders are knowledgeable.

Conclusion: Experienced medical coders are having good knowledge than certified medical coders because of learning through experience. Certified medical coders are less experience in medical coding even though they are certified.

KEYWORDS : medical coding, ICD, CPT

Introduction

Medical coding is the process of transforming descriptions of medical diagnoses and procedures into universal medical code numbers. The diagnoses and procedures are usually taken from a variety of sources within the health care record, such as the transcription of the physician's notes, laboratory results, radiologic results, and other sources.

Medical coding is best described as translation. The original language is the medical documentation about the diagnoses and procedures related to a patient. This information is converted, through the coding process, into a series of code numbers that describe the diagnoses or procedures in a standard manner. Variations in medical language usage can be found in different geographic locales. The sophistication of terms used also varies among different types of medical personnel. Coding the language is a method of grouping medical statements with the same meaning. Diagnosis codes track diseases and other health conditions, inclusive of chronic diseases such as diabetes mellitus and heart disease, and infectious diseases such as norovirus, the flu, and athlete's foot. Procedure codes track interventions performed. These diagnosis and procedure codes are used by health care providers, government health programs, private health insurance companies, workers' compensation carriers, software developers, and others for a variety of applications in medicine, public health and medical informatics, including:

- statistical analysis of diseases and therapeutic actions
- reimbursement (e.g., to process claims in medical billing based on diagnosis-related groups)
- knowledge-based and decision support systems
- direct surveillance of epidemic or pandemic outbreaks

Aim

To compare the knowledge of Medical Terminology, CPT, ICD, HCPCS, ICD Guidelines between Certified Medical Coders and Experienced non-certified Medical Coders.

Materials and Methods

A prospective comparative study was conducted in a private medical coding company. Participants for this study are categorized into two groups Certified Medical Coders and Experienced but not having any certification in Medical coding. A well designed 6 part

questionnaire was prepared in Medical terminology, Current Procedural Code (CPT), International Classification of Diseases (ICD 10), Guidelines of ICD 10, Healthcare Common Procedure Coding System (HCPCS).

Results

Each group consist of 20 participants, questionnaire was distributed to each participants. 55% of participants are less 30 years, 45% of participants are greater than 31 years. 90% of Experienced non-certified Medical Coders are having experience of more than 5 years as medical coders, 60% of certified Medical coders are having more than 5 years of experience as medical coders after medical coding certification. In knowledge about Medical terminology, 94% of non-certified Medical Coders are good in medical terminology, 82% in Certified Medical Coders. Large group of Certified Medical Coders are less than 5 years experience hence they have less knowledge compared to non-certified Medical Coders. In CPT score, 86% of non-certified Medical Coders are knowledgeable. In ICD 10 coding and guidelines, 94%, 89% of non-certified Medical Coders are knowledgeable. 90% of non-certified Medical Coders are knowledgeable. Non-certified Medical Coders are more knowledgeable when compared with certified medical coders, is because of learning through experience which make them more knowledgeable. Certified Medical Coders who are less experience in practical use of medical coding.

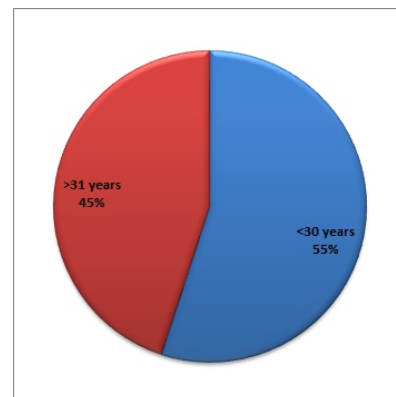


Figure 1 Age Distribution of Study Participants

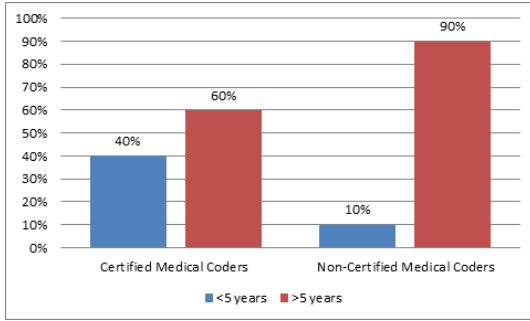


Figure 2 Experiences of Study Participants

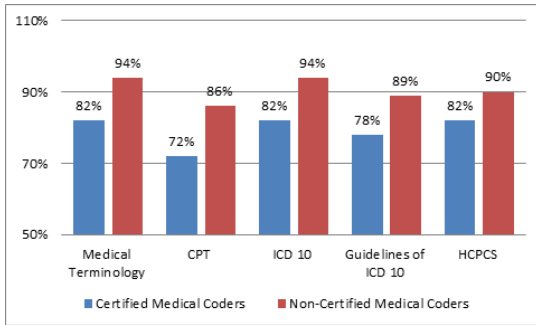


Figure Distribution of Score taken by study participants

Conclusion

Experienced medical coders are having good knowledge than certified medical coders because of learning through experience. Certified medical coders are less experience in medical coding even though they are certified. Certification in medical coding is important for startup medical coders to enter into a medical coding company. Real time experience in medical coding may added more knowledge.

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