



# “Figuring Out Difficulties And Solution In Modern Medical Coding Procedures”

Pratik Paraskar<sup>1</sup>, Ankush Bhalerao<sup>2</sup>, Dr.Hemant Gangurde<sup>3</sup>

1. Student of Shri Sant Gajanan Maharaj College Of Pharmacy, Buldana 443001MS India
2. HOD , INCHARGE Principal Of Cambridge College Of Pharmacy ,Buldana
3. Principal At Abasaheb Kakade College Of B.Pharmacy, Bodhegaon

## ABSTRACT :

In the healthcare sector, medical coding is a challenging and fluid task. For the purposes of insurance claims processing, medical research, billing, and healthcare management, accurate and efficient coding is crucial. The necessity for coders to find ways through complex coding systems, keep up with regular coding upgrades, and guarantee compliance with constantly shifting rules are the characteristics that define this difficulty. Furthermore, as healthcare systems become more digitized and expansive, there is an increasing need for qualified medical coders. This abstract draws attention to the complex issues surrounding medical coding and emphasizes the need for continual education and technical developments in order to properly handle these issues.

**KEYWORDS:** MEDICAL CODING, CHALLENGES IN MEDICAL CODING, CHALLENGES FOR CODER

## INTRODUCTION :

Medical coding is the process of translating medical terms or names for illnesses and surgical or medical procedures that patients undergo into numerical and literal codes. This is done by medical code specialists who review and analyze the patient's medical record and define pharmaceutical preparations and medical instruments across different medical specialties. To put it simply, medical coding, also known as "programmed clinical coding," is a method of organizing and handling health data that is used across the health system on a local, national, and worldwide scale. Medical coding involves the medical information technologist gathering, archiving, and encoding patient medical data; the medical coding reformer is the phrase that is being looked up to find out as much as possible about the coding procedure and the synopsis of medically related information that it contains [1] In the healthcare sector, medical billing and coding services are essential because they guarantee that healthcare professionals get paid fairly for their services and remain in compliance with ever changing laws. But there are difficulties in this field of medical billing and coding. In this blog article,

The challenges in medical billing and coding is accurate and current coding is one of the main. Coding errors can result in payment delays, claim denials, and compliance problems. Regulations related to ICD-10 codes, CPT codes, and compliance requirements are not new to the healthcare sector. Maintaining up with these developments might prove to be rather difficult. Rejections and denials of claims can have a big effect

on revenue cycles. These problems are frequently the consequence of erroneous or inadequate recordkeeping. [2] Historically, pharmaceutical corporations have employed a wide variety of dictionaries, including the Adverse Reaction Terminology (WHO-ART) from WHO the International Classification of Diseases (ICD 9 and ICD 10) or the Adverse Reaction Terms (COSTART) are used to classify adverse events, often modifying a lexicon for a particular experiment. The Medical lexicon for Regulatory Activities (Med DRA) is a standard lexicon that was created in 1994 by regulatory agencies and the pharmaceutical sector. At first, the goal was to [3 ]

A medical coding challenge is an examination or evaluation intended to gauge an individual's proficiency in correctly assigning certain codes to medical diagnoses, treatments, and services in accordance with accepted coding schemes, such CPT or ICD-10. In the healthcare sector, these tests are frequently used to evaluate the expertise of physicians

coders, billers, and other medical specialists. Usually, a series of patient data, charts, or situations are included in the challenge.

### **GENERAL CONCEPT OF MEDICAL CODING :**

Evaluating a candidate's medical data and translate into alphanumeric codes is a common task for medical coding challenges. In the healthcare sector , medical coding is an important process that ensures correct payment, data analysis, and regulatory compliance. The task at hand might involve many facets, such as procedural and diagnostic coding. Medical records, which may contain patient histories, test results, and clinical notes, are given to candidates. Their job is to locate these records and apply the relevant procedural (CPT) and diagnostic (ICD-10) codes. medical coding need a whole knowledge of anatomy, medical terminology, and the coding laws and rules and regulation set by private and government agencies such as the Center for Medicare & Medicaid Services (CMS) and American Medical Association (AMA).

the coding systems. Medical coding accuracy is essential because incorrect codes can result in lost revenue for healthcare providers and the problems in insurance claims. Also, as they might affect the coding process, applicants should be informed of any updates or modifications to the coding rules. Given the large number of records that must be coded in healthcare settings, promptness and efficiency are also essential. the challenge can contain situations that assess a coder's skill in handling coding-related questions, navigating difficult issues, or possible fraud and abuse. In general, a medical coding challenge measures a candidate's capacity to contribute significantly to protecting the accuracy of medical records and financial transactions, all the while maintaining legal requirements and offering excellent patient care.

### **Common Problem In Medical Coding :**

#### **Bad Documentation/Missing Documentation :**

Naturally, it's not always the coder's fault if they don't code at the best level. Sometimes the provider will not offer the coder with sufficient details regarding the operation they have carried out. Providers may give medical reports that are difficult to read or that omit crucial procedural details. The following problematic point on the list makes this issue worse.

#### **Not Coding the Highest Level :**

This entails taking precise notes and extracting as much information as possible from the provider's medical records. It also entails being familiar with medical jargon related to diagnosis and treatments. General or inadequate coding (which we'll talk about shortly) may result in a claim being turned down or rejected.

**Not Having Access to the Provider :**

Every developer should ideally stay in close communication with the supplier they are writing code for. Sadly, things aren't always like that. It's not always possible to get in touch with providers for clarification on confusing claims. In these cases, coders have to make the most of what they have, but you should still make every effort to make the report as clear as possible.

**Failing to Use Current/Updated Code Sets :**

Each year, CPT and CMS for HCPCS update these guides. The responsibility of ensuring that coders are proficient in all three major medical coding code sets—the AMA for Y come out, the WHO for ICD—remains with the organizations that manage them. This is one of the reasons that associations for professionals such as AHIMA and AAPC mandate that each member complete a particular number of credits in education every two years. Maintaining your proficiency is essential.

**Under- and Over coding :**

The deliberate reporting of less costly medical services than were rendered is under coding, whereas the intended reporting of more expensive operations than were conducted falls under overt reporting. These are both dishonest and may result in audits and inquiries. Although they aren't mistakes in and of themselves, we feel compelled to list them here as something you must never do.

**CHALLENGES FACED BY CODER :**

The National Health Service (NHS) has been slowly digitizing patient information, and not all NHS trusts or even all departments within trusts are operating consistently. When it comes to EPR, they may deal with both throughout the Transition, which adds another layer of complexity to the job by introducing additional information. Approximately 25% of hospitals have not yet implemented any EPR systems, according to NHSX7. Every system that is in use has a unique design and method of operation.

- May not always be in the proper sequence; • Can frequently be in poor shape;
- Coders frequently use discharge
- The record's contents ought to be organized according to a set structure.
- Information conveyed or recorded upon admission, handover, and discharge should be documented using a consistent proforma. • The patient's whole medical record should be accessible at all times during their stay.
- Each entry made into the record has to be clearly readable, dated, timed (using a 24-hour clock), and signed by the individual making the entry. The appellation and  
The entry maker's signature has to be clearly printed next to their signature. Changes and deletions must be timed, dated, and countersigned.

**Variation in the implementation of coding standards and record :**

Keeping systems Clinical coders must operate to rigid, nationally set standards and Guidelines –but this works on the assumption that anyone filling in the

- The patient's complete medical records should be available at all times During their stay
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Every entry to the record should be dated, timed (24hr clock), legible and Signed by the person making the entry. The name and designation of the Person making the entry should be legibly printed against their signature. Deletions and amendments should be countersigned, dated and time [5]

## ▪ CLASSIFICATION OF MEDICAL CODING CHALLENGES IN DIFFERENT DIPARMENT :

- PHARMACY DEPARTMENT
- CLINICAL TRIALS
- HOSPITALS
- MEDICAL CODING & BILLING

### • PHARMACY :

- 
- 1) Resolving Contemporary Medical Coding Issue Requires Transformational Clinical and Technological Solutions.
- 2) The Enormous Pain of Take backs.
- 3) It is crucial to apply correctly.  
functioning in a denial-based manner
- 4) Revenue Integrity Is Able to Fill the Hole

**CLINICAL TRIALS :** lets now find which challenges face by coder in clinical trials

**Complex Data:** A plethora of data, including patient demographics, medical histories, test findings, and adverse events, are produced during clinical trials. While precisely coding all of this data is essential, the task might be daunting.

### **Adherence to Regulations:**

Clinical trials must code adverse events and medical words in accordance with regulatory guidelines such as ICD-10, Med DRA, and WHO Drug. Although adhering to these standards is crucial, it may be challenging.

### **Changing Terminology**

It might be difficult to make sure that coding uses the most recent language because medical terms are always changing.

### **complementary groups:**

Coding consistency is challenging in clinical trials since various professionals (physicians, pharmacists, and data administrators) may use different language.[6]

### **HOSPITALS :**

#### **Restrictions on Resources:**

The majority of critical access hospitals are found in rural areas, where they frequently struggle with a lack of funding and skilled staff. In contrast to bigger healthcare facilities, which have the capacity to commit medical coding teams to this complex duty, critical access hospitals sometimes depend on a small number of

specialists to handle a myriad of duties. This puts further strain on coders, who have to properly record intricate medical circumstances in the face of time and resource constraints.

### **Coding Quality and Accuracy:**

essential access Hospitals encounter particular difficulties in upholding a high standard of coding accuracy because of the wide variety of medical situations they manage. Medical coders need to be knowledgeable about a broad range of medical specializations, each with its own unique set of coding nuances, from emergency treatments to outpatient care. Unwavering attention to detail is required to provide accurate and uniform coding throughout such a span. [7]

## **MEDICAL CODING & BILLING :**

### **Mistakes in Medical Coding and Billing:**

The coder translate a doctor's prescription or diagnosis with the alpha numerical odes. Experts in medical billing are in the role to claims to payers and insurance providers. Information that is missing or incorrect may be the leadof billing errors for medical services.

### **Third Parties Are Involved in Medical Billing and Coding:**

Experts in medical billing and coding need to work hard so that everyone is working together. This involves in touch on a regular basis with employers, insurance companies, government agencies, and health maintenance organizations (HMOs). [8]

## **HOW TO OVERCOME MEDICAL CODING CHALLENGE**

The following actions can help overcome obstacles related to medical coding:

- **Training and Education:**

Make sure you've received the required medical coding knowledge and training. If you want to upgrade your abilities, think about enrolling in classes or certification programs.

- **Remain Current:**

Keep up with changes and adjustments to medical coding norms and regulations, since they are subject to change.

- **Apply Coding Guidelines:**

For precise classification of illnesses and treatments, use coding guides such as ICD-10, CPT, and HCPCS.

- **Verify Your Work Again:**

Precision is essential. To reduce mistakes, double-check your documentation and coding.

**• Enhancement of Documentation:**

Closely collaborate with healthcare providers to guarantee accurate and thorough documentation, since this will simplify the coding process.

**• Use Regular Practice:**

Accuracy and speed of coding may be increased via regular practice.

**• Seek Explanation:**

Never afraid to ask questions if you have questions regarding a code.

**Become a Member of Professional Associations:**

To network and further your education, think about joining associations for professionals such as AHIMA or AAPC.

**Ongoing Education:**

Remain dedicated to lifelong learning and career advancement in the industry.

Recall that although medical coding might be difficult, you can overcome these difficulties and advance your abilities with commitment and the appropriate tools. [9]

**SUMMARY:**

To sum up, medical coding plays a crucial role in the contemporary healthcare system by acting as a link between the intricate realm of medical operations and the managerial facets of healthcare administration. The systematic assignment of alphanumeric numbers to diagnoses, treatments, and services affects patients, insurers, and healthcare professionals in a variety of ways. Medical coding makes guarantee that medical records are consistent and accurate, which helps with insurance claims, billing, and data analysis.

In addition, medical coders do more than just enter data. They play a crucial role in converting medical records into a common language that helps medical personnel comprehend and convey patient information more effectively. Healthcare institutions must hire skilled coders since the correctness of these codes directly affects payment rates.

**Prospects For The Future Of Medical Coding:**

The field of medical coding has a bright future full with prospects and difficulties. With the ongoing advancement of technology, the area of medical coding is set to undergo a substantial upheaval. The ability of artificial intelligence and machine learning algorithms to automate various coding tasks is growing, which will improve the process' correctness and efficiency. This will eventually improve patient care and billing accuracy by lowering the workload for human coders and lowering the possibility of mistakes.

Medical coders will also need continual education and training due to the increasingly complicated healthcare legislation and the shift to ICD-11, which will make them essential to the healthcare system. With the growth of medicine and remote healthcare services, coders

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