Discussion

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Medical necessity is a legal principle to evaluate that the clinical services and treatment are delivered according to the standard.

Coding is a procedure in which medical diagnosis, patient's treatment, and patient's condition are recorded in healthcare facilities. Coding includes reports of patients in which the patient's illness, the physician’s analysis, a recommendation, and so forth measures the clinician or healthcare worker executed on the individual, and change it in the form of codes, which create a medical claim.

For example, the most often used code in the United States is ICD-10-CM. CM represents the clinical modification and it is ICD version 10. For payment and billing, these codes are used to check the medical necessity (Tsugawa, Figueroa, Papanicolas, Orav, & Jha, 2019). Different levels of codes are used in healthcare facilities including CPT current procedural terminology and Healthcare Common Procedure Coding System (HCPCS Level II). For example, the medical code of ICD-10 and code for the diagnosis of 0, it represents the medical section for diagnosis of medical and surgical. Category I codes have 5 digits ranging from 00100 and 99499 numbers. These digits represent various kinds of services (Tsugawa et al., 2019). Similarly, level II A6413 represents an adhesive bandage code.

ICD-10 code for a left upper arm excision

|  |  |  |
| --- | --- | --- |
| Meaning of the code | Diagnosis | Code |
| Section | Surgery and medical | 0 |
| Body system | Skin and breasts | H |
| Root operation | Excision | B. |
| Body part | Skin. Left upper arm | C |
| Approach | External | X |
| Device | No device | Z |
| Qualifier | No qualifier | Z |

Coding is significantly important for the prescription and services utilized by the patients. Theses codes must be accurate and appropriate to understand the services and diagnosis of the patient (Tsugawa et al., 2019). Medical coding is essentially important because doctors have a large quantity of data that needs to be recorded therefore they convert it in the form of symptoms and codes.

Incorrect and inappropriate coding will result in delayed billing and payments would be affected and overdue (Tsugawa et al., 2019). Serious repercussions of incorrect coding will affect services and facilities delivered to the patient that can cause serious consequences.

References

Tsugawa, Y., Figueroa, J. F., Papanicolas, I., Orav, E. J., & Jha, A. K. (2019). Assessment of strategies for managing the expansion of diagnosis coding using risk-adjustment methods for medicare data strategies for managing the expansion of diagnosis coding for medicare dataletters. *Journal of American Medical Association: Internal Medicine*.