

Payment systems: coding. medical coding process



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Payment Systems: Coding Among the five stages of medical coding process, 'coding' is the most important one. It will be difficult for a r to complete the coding process if there is a lack of proper documentation. Medical coders use different coding systems in order to carry out different purposes. The Medicare Severity Diagnosis Related Groups (MS-DRGs) work to adjust payment mechanisms for health system providers. The MS-DRG based reimbursement system demands effective documentation that contains complete and accurate information. If the documentation is not effective or if information is missing, the hospital may not get full payment to which it is entitled. The missing information can also have an adverse impact on the accuracy of hospitals' quality outcome reports. Evidently, the reimbursement services would be ineffective if the input information is wrong. Generally, patients with similar clinical characteristics and similar costs are the primary beneficiaries of MS-DRG. Based on the patients' average cost in the group, the MS-DRG would be connected to a fixed payment amount. Patients are connected to a MS-DRG system by taking their 'age, diagnosis, surgical procedures, and other information' into account; and hospitals attach this information on their bills in order to enable the Meidcare to determine how much the hospitals have to be paid (U. S. Healthcare acronyms and glossary). Therefore, erroneous information or missing information may raise difficulties in payment system and ultimately weaken the quality of the health care. Physicians also have to make sure that every piece of clinically important information is accurately recorder by coding specialists. In short, accurate documentation is very vital for performing reimbursement services in a health care system. References U. S. Healthcare acronyms and glossary.

Benevia LLC: Innovation made practical. Retrieved from http://www.benivia.com/health_acronyms.php