

Medical Coding -- What Actually Is It?

Written by Administrator

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Medical coding is essentially the process of applying formal, standardized medical codes to patient medical records. Diagnostic and procedural information is converted by medical coders into simplified numerical codes that can be electronically processed for payment by third party payers – Insurance companies and Medicare, for example.

The process of medical coding is a highly regulated and tightly supervised activity. Medical coding is also subject to frequent and rigorous audits to ensure accuracy in the medical billing process as there are literally billions of dollars at stake. In many ways, medical coding is a much more scrutinized activity than, say medical transcription.

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As a consequence, the requirement for certification is greater for individuals embarking on a medical coding career compared to many other career fields. An entry level or advanced medical coding certification is typically considered a prerequisite for entry into the medical coding profession.

There are two national organizations that certify medical coders:

1. AHIMA – American Health Information Management Association
2. AAPC – American Association of Professional Coders

At this point, most medical coding work is still performed by medical coders working in hospitals or clinics. Medical coders work in a professional environment and perform a vital behind the scenes billing support activity.

There is a trend toward outsourcing of medical coding work to third party vendors. As this trend catches on, more medical coding work will be done in homes and it will evolve to become more of a **home based career** – much like medical transcription is today. It is believed that as technology continues to evolve and remote platforms are developed, the outsourcing model will

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begin to take hold in the industry. However, at this point it is important to point out that most of the time it is still performed in hospitals and clinics.

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