Coders Today: Where They Work, What They Earn: Work Force Study Finds Credentials Influence Setting, Salary

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By Scott MacKenzie

Coders are enjoying a growing importance in the healthcare industry, thanks to increased demand for services and increasingly complex regulations. AHIMA's own work force research finds a healthy job market and salaries shaped by credentials and education. Learn more about your coding peers here.

Amid demand, shortage, and a future in transition, coders are a crucial and visible component of HIM and healthcare today. The survey of AHIMA members completed in 2002 as part of the Association's landmark work force study offers some insights on what it means to be a coder today: where they work, what credentials they hold, and how their career paths evolve. In this article, we'll take a look at some of the survey's key findings that are specific to coders. In addition, the four profiles of coding professionals represent just a few of the roles and credential combinations available in this profession and illustrate an exciting variety of career opportunities.

Credentials, Education Vary

A closer look at the body of data presented in this study reveals a growing contingent of "coders/clinical data specialists" among AHIMA members. Of the more than 5,300 active, credentialed AHIMA members who responded to the survey, this primary job title category represents the single largest contingent at 28 percent. The charts and tables in this article focus directly on this group of members indicating their primary job title as "coder/clinical data specialist."

AHIMA-credentialed members who work as coders come from different educational backgrounds and hold a variety of credentials. The data shows that among AHIMA-credentialed coders, those with an RHIT are in the majority. Fifty-eight percent of responders hold an RHIT, while an additional 14 percent have earned at least one of the mastery-level coding credentials (Certified Coding Specialist [CCS] or Certified Coding Specialist—Physician-based [CCS-P]) in addition to an RHIT. A total of 16 percent of the sample have earned an RHIA (4 percent of which also have a CCS or CCS-P). The CCS-only group represents 9 percent, while 3 percent is made up of those with a CCS-P only. (The 2002 survey does not reflect the entry-level Certified Coding Associate [CCA] credential, which was newly created that year.) See "Credentials of Coders," below, for more information.
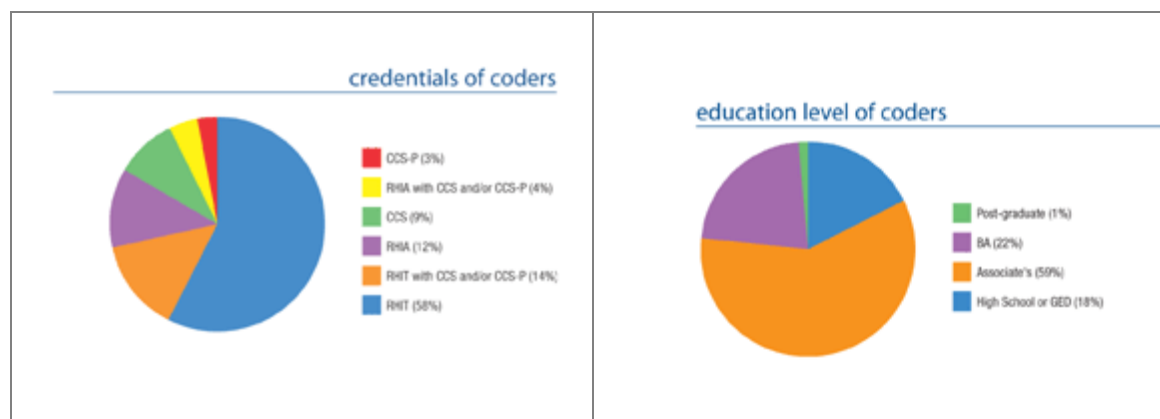
A coder's education level correlates most directly to the credentials he or she has earned, the study shows. The overall breakdown (see "Education Level of Coders," above) shows that nearly six out of 10 of these respondents hold an associate's degree, while others are divided among high school (18 percent), baccalaureate (22 percent), and post-graduate (1 percent)

educations. Because the experience-based coding credentials of CCS and CCS-P are not tied directly to a formal educational program, the educational levels of those holding these credentials is more varied. Among those with a CCS only, 54 percent are high school graduates, 21 percent have associate's degrees, and 21 percent have earned a baccalaureate degree. For CCS-P holders, 57 percent are high school graduates, 24 percent have associate's degrees, and 17 percent have a baccalaureate.

Skills Determine Work Setting

Where do coders work? To some extent, the answer reflects overall trends seen in the membership as a whole. AHIMA-credentialed members working in coding positions most often do so within a hospital inpatient setting (62 percent), followed by a hospital outpatient setting (18 percent), and physician's offices (7 percent). As expected, the types of credentials these coders have earned are a good indicator of job setting. "Work Settings by Credential," below, illustrates the breakdown of primary work settings for the entire coding group as well as by credential category.

work settings by credential

Primary Setting	Total	RHIT	RHIT w/ CCS and/or CCS-P	RHIA	RHIA w/ CCS and/or CCS-P	CCS-P	CCS
Hospital—Inpatient/Acute Care	62.0%	57.6%	80.0%	67.7%	63.5%	4.7%	72.7%
Hospital—Outpatient/Acute Care	18.3%	23.7%	4.5%	13.8%	15.9%	16.3%	13.6%
Rehabilitation Hospital	1.0%	1.1%	1.5%	0.6%	0.0%	0.0%	0.8%
Skilled Nursing Facility	0.4%	0.4%	0.0%	1.2%	0.0%	0.0%	0.0%
Laboratory	0.1%	0.1%	0.0%	0.0%	0.0%	2.3%	0.0%
Home Health Agency	0.5%	0.6%	0.0%	0.6%	0.0%	0.0%	0.8%
Physician Office/Clinic	6.5%	6.4%	2.0%	6.0%	6.3%	51.2%	0.8%
Insurance Agency	0.5%	0.6%	1.0%	0.0%	0.0%	0.0%	0.0%
HMO/Managed Care Org.	0.5%	0.5%	0.5%	0.6%	0.0%	0.0%	0.8%
Consulting Firm	2.3%	1.5%	5.0%	0.0%	6.3%	2.3%	3.8%
Professional Association	0.4%	0.2%	0.0%	1.2%	0.0%	2.3%	0.0%
Tech. Vendor	0.4%	0.5%	0.0%	0.0%	0.0%	0.0%	1.5%
Non-tech. Vendor	0.1%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%
Educational Institution	0.4%	0.4%	0.5%	0.6%	0.0%	2.3%	0.0%
Government Agency	0.9%	1.0%	0.0%	1.8%	0.0%	0.0%	0.8%
Cancer or Other Registry	0.4%	0.4%	0.0%	0.6%	0.0%	0.0%	0.8%
Self-employed	0.5%	0.5%	1.0%	0.6%	0.0%	0.0%	0.0%
Other	4.9%	4.5%	4.0%	4.8%	6.3%	18.6%	3.8%

The CCS-P credential is most often put to use in the physician office setting, with 51 percent who have strictly that credential working in that area. Sixteen percent of this group is coding in the hospital outpatient setting. The "strictly RHIT" coders are more dispersed by setting; they are more likely than others to work in an outpatient hospital setting and less likely (58 percent) than RHIAs (68 percent) or CCSs (73 percent) to work on the inpatient hospital side. The combined credentialed groups (RHIA or RHIT with CCS and/or CCS-P) are more likely than the others to be doing coding work for a consulting firm (5 to 6 percent). To a lesser degree, AHIMA-credentialed coders are also finding work in rehabilitation, home health, government agencies, managed care, insurance organizations, and elsewhere.

Credentials Highly Valued

The data clearly demonstrates that AHIMA credentials are very important to coders. In addition to shaping career paths, credentials can also correlate with salary levels (see below). The survey asked participants about the perception of their credentials, and the results speak to the direct value of the credentials in the workplace (see "Credential Value," below).
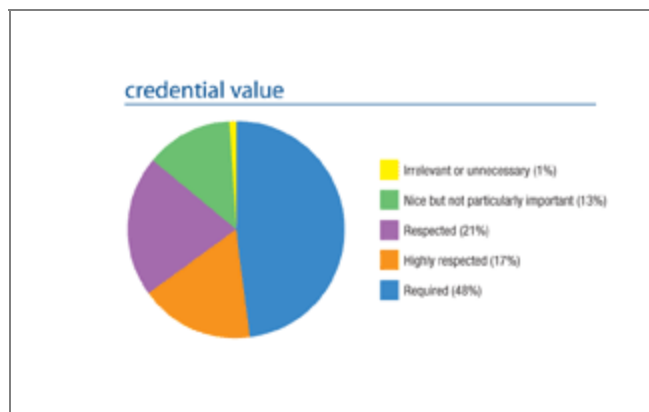
Of the overall sample of coders, 48 percent report that their credential(s) was required for their position. An additional 38 percent, while saying that it wasn't required, state that the credential is respected or highly respected. A mere 1 percent feel that their credential is irrelevant or unnecessary for their job.

Breaking the data down by credential type, while those with exclusively an RHIT, RHIA, or CCS report the credential being required at a level between 40 to 53 percent, only 18 percent of those with a CCS-P answer that way. This speaks to the relative newness of the CCS-P credential and an awareness level that is not on par with other AHIMA credentials. Still, 90 percent of the CCS-P group answer that their credential is respected, highly respected, or required, which is 4 percent more than the overall group.

Many Factors Influence Salary

Salary levels among coding and clinical data specialist professionals vary due to a number of factors, including work setting, credential type, and geography. The data shows that AHIMA's CCS credential is paying dividends in terms of salary for its holders. "Salary Levels by Credential," below, presents both mean and median salary levels for coders with various credentials. The value of the CCS is further illustrated by those who have both a CCS and either an RHIT or RHIA. These groups report earning more than any of the other coding groups—about $40,000 annually.

Work setting also affects salaries for coders. "Salary Levels by Setting," below, shows that those working in a hospital setting, including inpatient, outpatient, and rehabilitation hospitals, make a median annual salary of $35,300. This is greater than the median salary of $32,800 reported by those in other healthcare settings, including nursing homes, home health, physician offices, and managed care. For the small percentage (about 10 percent) of respondents coding in settings such as consulting firms, insurance companies and others, salaries are somewhat higher, with a median of $39,150.
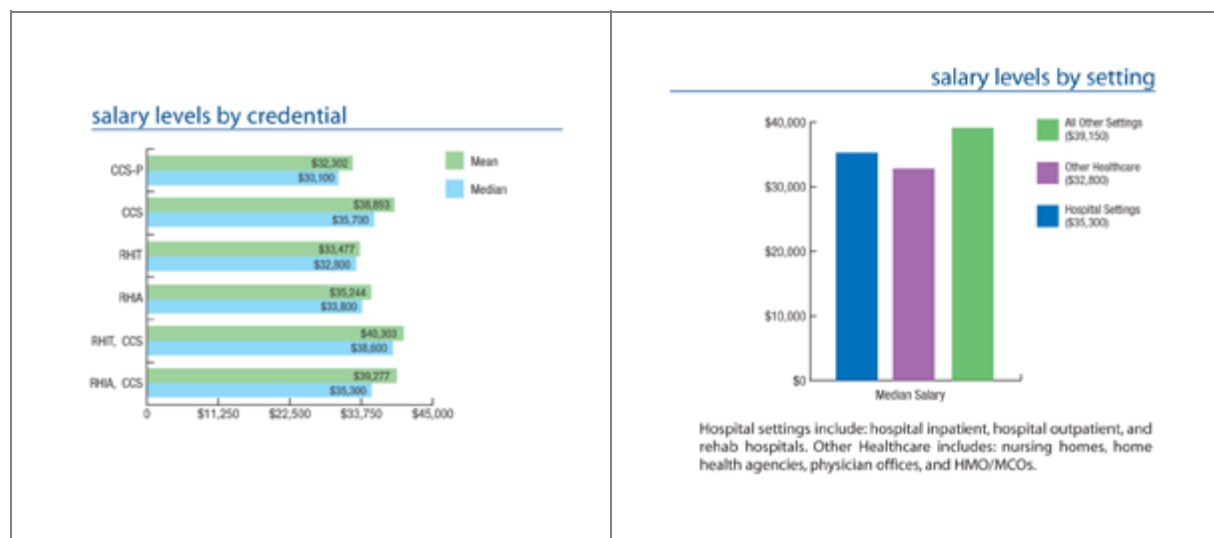
Coder Demand High Across Country

A geographic analysis indicates that AHIMA-credentialed coders overall are earning the highest salaries in the Western region of the country. "Salary by Credential, Region," below, represents a regional breakdown of mean and median salary levels among the three largest credential groupings (CCS only, RHIT only, and RHIT with a CCS). This illustrates that the combined effect of geography and type of credential can create quite a disparity in terms of salary. For example, the mean salary for a coder with a CCS working in the North Mid-central region is about $30,000, while that figure jumps to over $50,000 for a coder with both an RHIT and a CCS working in the West region.[1, 2]

salary by credential, region

CCS	Northeast	East Mid-central	South	North Mid-central	Southwest	West
Mean	$49,356	$34,587	$35,728	$30,246	$32,273	$48,400
Median	$40,200	$32,600	$33,700	$32,800	$31,700	$44,700

RHIT	Northeast	East Mid-central	South	North Mid-central	Southwest	West
Mean	$31,653	$32,985	$33,010	$31,815	$34,283	$40,498
Median	$31,600	$33,300	$32,200	$31,700	$34,200	$36,000

RHIT, CCS	Northeast	East Mid-central	South	North Mid-central	Southwest	West
Mean	$41,592	$38,524	$37,846	$35,168	$45,279	$50,486
Median	$43,200	$26,400	$37,400	$33,800	$44,000	$52,900

While change seems to be constant in HIM, opportunity and demand for coders and their expertise is certainly high. The overall work force study indicates that job opportunities for experienced professionals with CCS and CCS-P credentials outpace those for other HIM credentials. No fewer than 96 percent of this sample in any geographic region reported that there are some or many jobs available.[3]

Ultimately, the data from this study related to AHIMA-credentialed coding professionals is promising. This contingent of members is growing right along with the demand for their skills, the level of salaries they earn, and the number of opportunities that lie ahead. The stories of coding professionals in this article's sidebars illustrate how "coder/clinical data specialist" roles can be just the beginning of a career path. In addition, coding professionals can take advantage of the many opportunities on the coding career ladder and explore their futures in the coding world.[4]

A Commitment to Lifelong Learning

The medical field has always intrigued Mary Tate, RHIA, CCS-P. For the past twenty years, she's held a variety of positions, including serving as a medical secretary at Atlanta's Emory HealthCare from 1989 to 1999.

Seeking to secure her future and make her educational dream a reality, she returned to school in a non-traditional setting, the Medical College of Georgia's HIM satellite program. There Tate earned her bachelor of science degree in HIM in May 1999. As her first HIM role, she took a position as a coder in the internal medicine coding department at Emory HealthCare.

As a concurrent coder, Tate follows patients' charts while patients are still in the hospital. She reviews the charts, abstracts data, and assigns appropriate ICD-9-CM and CPT codes using coding classification guidelines. To Tate, coding is like going through a maze with a detailed map. "It's fun to review a chart and assign the exact code to describe a patient's illness," she says. Plus, she adds, "Coding is an important part of patient care. We make a difference."

Tate's credentials—she earned her RHIA in October 1999 and CCS-P in September 2000—have served her in a number of ways. "Credentials have made me more marketable, helped financially, and given me credibility and confidence." Tate says. "I have respect from my peers." In addition,

attending Greater Atlanta HIMA meetings helps Tate stay educated, meet other professionals, and learn about different settings and opportunities in the field.

Armed with her BS and two AHIMA credentials, Tate is now considering earning her MBA. "An MBA will give me the skills and knowledge I need to stay competitive in the workplace," she says.

Because helping others along the way is important to Tate, she advises newcomers to master the school materials, get credentials, continue to learn, stay current on the constant changes in the field, and attend seminars. "Take your job seriously," she adds. "And remember that codes aren't just numbers; they represent people."

—Christina Mayer Duggan

More Important Than Ever

In the 22 years she's been in the medical records profession, Linda Toogood, RHIT, CCS, has seen more than a few changes. "Years ago, coders would get on-the-job training. Today, at Piedmont Hospital, all coders must have credentials. On-the-job training is still important, but credentials are needed to get the job."

Witnessing the changes amazes her. "Due to HIPAA compliance and patient confidentiality, the need for coders—and accuracy—is greater than ever," says Toogood. "We must be highly focused and more accurate than ever."

Toogood also believes medical records departments are becoming more recognized by hospital administrators and managers. "Our job is becoming more prestigious," she says. "We're earning more, we're credentialed, we have quality checks...coding is at the forefront now more than ever."

Arriving in Atlanta from England in 1981, Toogood took a job filing hospital medical records. There she met coders and began asking questions. In 1984, she advanced into coding and was trained on the job.

In 1988, Toogood's career continued at Atlanta's Piedmont Hospital, and she received her CCS in 1993. In 2000, she earned her associate's degree in health information technology from Georgia's Macon State College and earned her RHIT the same year, which allowed her to branch out and explore other opportunities. "Both [credentials] have added to my professionalism," she says.

True to her passion, Toogood remains a coder, serving as reimbursement specialist and accurately coding medical records for optimal reimbursement. "I really enjoy my work; I like the details."

Along with her credentials, Toogood credits membership in the Greater Atlanta and Georgia HIMAs for boosting her career. "Being involved has helped me network," says Toogood. Because she's engrossed in coding, Toogood likes to take a step back sometimes to view the entire field. "The meetings help me gain that understanding."

All in all, Toogood is pleased at the growing importance of the coding field. She's noticed how AHIMA has raised its standards over the years and how prestigious the field and her job have become: "It's getting more intense."

—CMD

The Gift of Confidence

Earning credentials, getting involved, and giving back are career essentials to Patience Hoag, RHIT, CCS, CCS-P.

"Employers recognize coding credentials," says Hoag. "Credentials lend credibility to any profession —they're an investment in your career."

With credentials also comes flexibility. "You can move beyond coding and into quality issues: data and coding review, auditing, reporting," Hoag says. She's also earned promotions and broadened her experience. "My skill set and credentials are assets and can be translated into any healthcare arena."

Credentials also bring confidence. "Any credential is a reflection of how you feel about yourself," she says. "Your self-confidence is boosted and you say, 'I can do this!' My credentials are a gift—from me to me."

Currently, Hoag is coding review specialist II/team leader at Health Services Advisory Group, a Phoenix, AZ-based Quality Improvement Organization. She conducts specialized medical record reviews for appropriate utilization management and validates codes. Initially, she handled coding and documentation issues, but her credentials and background allowed her to move to her current position. In the past, Hoag has also worked at a skilled nursing facility, a third-party payer organization, two acute care facilities, and a 200-plus physician group practice.

Nearly every job Hoag has held is somehow linked to meeting people at Arizona HIMA meetings. "If you shut yourself up in your office, you won't succeed," she says. "Leave your comfort zone, grow, be proactive. Your career is what you make of it."

"When you become active in the association, you share experiences, stay connected, and mentor others," she says. "We need to recruit people, tell them how exciting this profession is, and get them on the right path. New blood spurs ideas and keeps discussions going."

So dedicated is Hoag to mentoring that she received the Arizona HIMA's 2002-03 Distinguished Mentor Award. She also currently runs three coding roundtables and until recently taught CPT coding at Phoenix College.

In just eight years, Hoag has accomplished a lot. But she's first to admit that building a coding career is not easy. "I took some hard knocks, but I gained experience, credibility, and credentials—it's a process."

—CMD

A Father's Advice, A Dynamic Career

Kimberly Anderson, MHS, RHIA, CCS, never dreamt that fatherly advice, a professor's inspiration, and New Woman magazine would change her life. Looking back, they inspired a smart career decision. "Things just fell into place," she says.

Anderson is compliance and strategic information manager at the Institute of Psychiatry (IOP), an inpatient hospital with outpatient clinics affiliated with the Medical University of South Carolina (MUSC) in Charleston, SC.

Anderson began her career at her father's OB/GYN practice, filing hospital forms and handling charts. "He told me I'd make a great medical records librarian," she says.

After earning her bachelor of arts degree in psychology, she interned at Broughton Psychiatric Hospital in Morganton, NC, becoming proficient with medical records and chart documentation.

Soon after, Anderson read an article in New Woman about future lucrative careers; Accredited Record Technicians were spotlighted and Anderson saw great earning potential. The article also mentioned East Carolina University's medical records program, where Anderson later earned her bachelor of science degree in HIM.

She later moved on to MUSC, working part-time as IOP's Information Resource Coordinator. In 2000, she graduated with a master's degree in health sciences, staying on at IOP to serve as information resource consultant before landing her current position.

True to her dream, Anderson now helps providers understand government guidelines, documentation, and insurance codes. She manages the compliance program, two coders/auditors, an information systems person, and a medical record cataloger. "As the day goes by, I work in different cubbyholes."

Anderson encourages her staff to earn their credentials. She also interacts with other supervisors at MUSC. "We share a common bond because we're accredited," she says, "and work to resolve interdepartmental coding and medical-records issues."

Though she once thought coding might become obsolete, she now knows that won't happen. "Technology can only do so much...we'll always need detail-oriented coders with nationally recognized credentials to research, know guidelines, and decipher physician handwriting," she adds, laughing. "We'll always need a human component."

—CMD

Notes

1. Wing, Paul et al. "Who We Are: Findings from the 2002 Member Survey." *Journal of AHIMA* 74, no. 5 (2003): 29. Available in the FORE Library: HIM Body of Knowledge at www.ahima.org.

2. Northeast region comprises ME, NH, VT, MA, RI, CT, NY, NJ; East Mid-central comprises PA, MD, DE, DC, VA, WV, OH, KY, IL, IN, MI, MO; South comprises NC, SC, TN, GA, FL, AL, MS, AR, LA; North Mid-central comprises WI, IA, MN, ND, SD, NE, KS, MT, WY, ID; Southwest comprises OK, TX, CO, NM, UT, AZ; West comprises WA, OR, CA, NV, AK, HI.

3. "Who We Are: Findings from the 2002 Member Survey," p. 27.

4. Scichilone, Rita. "Climbing the Coding Career Progression Ladder." *Journal of AHIMA* 73, no. 4 (2002): 32-36.

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