

MEDICAL CODER

FUNCTION OF THE JOB

Under direction, to accurately determine Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) and DSM-5 codes for all procedures/diagnoses for inpatient records and transcription in a behavioral health outpatient and inpatient settings; ensures that all coding assignments are accurate according to coding policies and based on the documentation provided in the medical record; responsible for providing feedback to physicians regarding coding and documentation; and to perform other duties as required.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES

1. Determines appropriate assignment of CPT, DSM-5, and ICD codes for physician, therapist, and facility services provided in an outpatient and inpatient settings.
2. Evaluates medical record for consistency and adequacy to prove medical necessity.
3. Researches, analyzes, and updates codes, as needed, in billing software in a timely manner to maintain prompt billing compliance.
4. Ensures all patient visits are coded in accordance with Centers for Medicare and Medicaid Services (CMS), CPT, DSM-5 and the Correct Coding Initiative (CCI) guidelines.
5. Performs chart audits for assigned providers and provides documentation and audit feedback to providers.
6. Performs insurance verifications to ensure accuracy of coding in electronic record.
7. Corrects codes, as needed, in billing software in a timely manner to maintain prompt billing compliance.
8. Conducts quality assurance audits and incorporates quality assurance information, findings and feedback into coding processes.
9. Identifies trends, recommends, and implements solutions for inaccuracies with coding; monitors for changes in trends related to the coding process affecting coding, charge entry, and billing.
10. Communicates with and assists in coding education of providers and support staff.
11. Provides orientation and training to new providers on coding and documentation guidelines and re-education as needed.
12. Serves as a resource to providers and support staff; interacts with all levels of personnel on coding issues.
13. Performs data reporting and statistical tracking.
14. Maintains a resource center regarding coding education for providers.
15. Participates in department meetings and interdisciplinary meetings.
16. Establishes and maintains effective working relationships with other employees, clients, other agencies, and the general public.
17. Performs emergency government duties as assigned in event of Waukesha County Emergency Government declaration.
18. Performs other duties as required.

QUALIFICATIONS

Essential Knowledge and Abilities

1. Comprehensive knowledge of diagnosis and procedure codes in a behavioral hospital and clinic setting including ICD, CPT, DSM-5, and Health Care Procedural Code System (HCPCS).
2. Comprehensive knowledge of documentation and regulations of Joint Commission on the Accreditation of Health Care Organizations (JCAHO), Health Care Financing Administration (HCFA) and CMS.
3. Comprehensive knowledge of electronic and paper medical record systems.

QUALIFICATIONS

Essential Knowledge and Abilities (cont.)

4. Working knowledge of health information management and practice management systems.
5. Working knowledge of computerized department program software, Internet access, database spreadsheet and word processing programs.
6. Working knowledge of state and federal confidentiality statutes and requirements, including the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
7. Ability to concentrate with strong attention to details for extended periods of time.
8. Ability to ensure the confidentiality and rights of patients and confidentiality of health system and departmental documents.
9. Ability to perform in-depth medical coding audits.
10. Ability to demonstrate proficiency in meeting quality and quantity standards.
11. Ability to work with minimal supervision.
12. Ability to demonstrate effective organizational skills, multi-tasking, project and timeline planning, leadership and problem solving skills.
13. Ability to communicate effectively verbally and in writing.
14. Ability to work with and teach medical professionals coding rules and regulations.
15. Ability to adapt to rapidly changing priorities and deadlines.
16. Ability to prioritize work assignments to ensure timely completion.
17. Ability to coordinate generalized observations/symptoms to the correct code.
18. Ability to utilize word processing, database, and spreadsheet programs.
19. Ability to establish and maintain effective working relationships with other employees, clients, other agencies, and the general public.
20. Ability to effectively interact with sensitivity with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyles.

Training and Experience

1. A. Graduation from a recognized college or university with a bachelor's degree in health information administration, healthcare management or related health discipline, or a closely related field, AND
B. One (1) year of work experience coding using diagnosis and procedure codes in a hospital inpatient or outpatient setting.
OR
2. A. Graduation from a recognized college with an associate's degree in health information administration, healthcare management, or related health discipline, or a closely related field, AND
B. Three (3) years of work experience coding using diagnosis and procedure codes in a hospital inpatient or outpatient setting.
OR
3. Five (5) years of work experience coding using diagnosis and procedure codes in a hospital inpatient or outpatient setting.
4. Must obtain one of the following certifications within six (6) months of employment (certification must remain active and in good standing during employment):
 - A. RHIA, RHIT, CCS – Obtained via American Health Information Management Association (AHIMA)
 - B. CPC - Obtained via American Academy of Professional Coders