

UNIVERSITY CLINICAL, EDUCATION & RESEARCH ASSOCIATES

POSITION DESCRIPTION

Position Title: Department Physician Coding Specialist **Date Prepared:** March 2, 2010

Department: Obstetrics, Gynecology & Women's Health **FLSA Status:** Full-time, Non-exempt
1.0 FTE

Position Reports To: Department Revenue Cycle Manager

Potential Occupational Exposure to Bloodborne Pathogens: Yes

UCERA is a non-profit organization established to further the mission and vision of the John A. Burns School of Medicine at the University of Hawaii. UCERA contributes to the goal of improving the health care status of the citizens of Hawaii and the Pacific by supporting education, research and clinical activities of the school, and by collaborating with hospitals, government agencies and other entities.

POSITION SUMMARY

The Department Physician Coding Specialist is responsible for ensuring the appropriate submission of ICD9, CPT, HCPCS codes.

ESSENTIAL JOB DUTIES AND FUNCTIONS

General Responsibilities:

- Reviews entire medical record, and ensures correct assignment and submission of ICD9, CPT4, modifiers, and HCPCS codes to each charge
- Reviews and resubmits coding edits and denials through collaboration with insurance companies, department staff, and Central Business Office
- Educates and advises faculty and staff on coding guidelines, updates, and issues
- Mentor junior coders in coding issues, payor specific coding guidelines, and updates
- Effectively communicate with medical staff to resolve coding inquiries
- Retrieves, reviews, and analyzes medical records and related documents for coding issues
- Identifies coding issues among the faculty and works with individual faculty to resolve these issues
- Identify ways to reduce coding rejections and denials
- Analyze provider coding and payment issues and advise on best coding practices
- Develop, implement, and evaluate coding curriculum as needed
- Carries out periodic internal coding education and review for department faculty
- Assist the Revenue Cycle Manager and Central Business Office by monitoring, following up, and reporting to providers on questionable or denied charges
- Assists with special coding projects as assigned
- Complies with all legal requirements and company policies
- Maintains strictest confidentiality

Charge Submission Processes

- Advises and assists the department's faculty practices management in resolving work queues, and works with department staff to identify corrective edits.
- Assists in pre-screening charge slips:
 - Review paper charge tags to ensure appropriate ICD9, CPT, modifiers, and linkages
 - Review medical records to ensure that appropriate documentation is submitted together with the charge tag (i.e.: sterilization forms completed and signed physician notes, etc.)
- Assists Department Staff in capturing all charges
- Acts as a liaison between the faculty, department, and the CBO regarding coding issues

Other Responsibilities:

- Collaborates with the Department Revenue Cycle Manager to ensure proper and timely processing of coding issues, request, and task queue items
- Works collaboratively with affiliated CBO, department staff and faculty, and fellow coders to resolve coding issues
- Attends staff meetings/in-service training, as required.
- Performs all other duties as assigned.

MINIMUM QUALIFICATION REQUIREMENTS

Skills/Knowledge:

- Knowledge of ICD-9, HCPCS and CPT-4 codes
- Knowledge of CMS, AMA, and OIG coding and documentation guidelines
- Functional knowledge of medical terminology, anatomy, and physiology
- Functional knowledge of Centricity Group Management, EPIC, or similar electronic billing or medical records.
- Ability to work independently and possess ability to motivate and encourage staff
- Ability to establish and maintain effective working relationships with other employees, patients, customers and the general public.
- Ability to organize and prioritize tasks effectively
- Ability to read, understand and follow oral and written instructions
- Ability to research and resolve coding questions and issues, and communicate these findings to a wide range audience
- Knowledge of insurance and government billing requirements
- Ability to answer telephone and emails courteously.
- Ability to anticipate tasks and prioritize assignments.
- Ability to read and maintain health records.
- Ability to educate fellow coders, faculty, and staff regarding coding issues
- Coordinate meetings between physicians, staff, and department administrators.
- Strong organization and planning skills.
- Well developed verbal and written communication skills.
- Excellent customer service skills (both internal and external customers)
- Flexibility to adapt to new ideas and roles as they are developed.

- Ability to work independently and unsupervised for periods of time.

Education/Training:

- High School diploma or equivalent.
- Certified Professional Coder (CPC) certification by American Academy of Professional Coders required or equivalent.

Experience:

- At least twelve months of prior medical records review experience
- At least twelve months medical coding or auditing experience in an OBGYN environment
- At least twelve months of prior work experience in an OB/GYN environment
- At least twelve months of prior experience in a health care organization and/or working directly with physicians.

Other qualifiers:

- Must be able to plan and prioritize work flow and produce an acceptable volume of work accurately.
- Demonstrated ability to function in a highly professional manner, exercising complete confidentiality and discretion at all times.
- Ability to accomplish multiple tasks on time with accuracy and minimal supervision.
- Attention to detail and ability to accurately synthesize lengthy, complex materials.
- Proficient in using MS Word and Excel, with a working knowledge of databases and electronic communications.
- Excellent English grammar and proofreading skills.
- Strong oral and written communication skills.
- Excellent customer service skills with the ability to interact positively and sensitively with staff and the general public.
- Successful experience working as a team member with a multicultural staff and clientele.

DESIRABLE QUALIFICATION REQUIREMENTS

Education/Training:

- Associate degree in business administration and/or health care field.
- 1 Year experience with obstetrical, gynecological, and oncological coding and billing.
- 1 Year experience with coding or billing using electronic Medical Records

JOB CONDITIONS

- Normal working conditions, indoors, air-conditioned.
- May be exposed to infections and contagious diseases.
- Frequent contact with employees, physicians, and outside agencies.
- Occasional pressure due to multiple calls, inquiries, projects, and charges.

- Usual hours are Monday – Friday, 8:00 a.m. to 5:00 p.m. Hours may be flexed to accommodate provider and staff schedules, and duties may require extended hours. Possibility of working remotely and independently on coding tasks and projects.
- Requires communication with staff, between departments, and with contractors.

EQUIPMENT USED

- Patient registration and billing software (i.e. Centricity Group Management and EPIC) Skilled in use of office equipment (i.e., facsimile, printers, copiers, computers).
- Proficiency with Microsoft Office applications, Windows, Excel and the Internet.

MENTAL AND PHYSICAL DEMANDS

- Working with minimal supervision; attention to detail, accuracy and concentration, and ability to maintain calm composure while performing multiple tasks.
- This position occasionally requires lifting items up to 30 pounds, frequent sitting, standing, walking and bending.
- Occasionally lifts supplies and equipment.
- Some driving between clinical and meeting sites as necessary.

TERMS OF EMPLOYMENT

Position is located at UCERA and is available immediately. Continued employment subject to terms of employment, job performance and/or continued funding.

Employment is “at will” and can be terminated at any time, either by the employee or UCERA, with or without cause or reason and with or without notice.

ABOUT THE SALARY AND BENEFITS

UCERA offers a competitive package. Salary commensurate with education and experience. Benefits include 13 holidays per year, 100% employee coverage for health and dental, flexible spending plan, pension plan with 3% dollar-for-dollar company matching contributions, 2 weeks of paid vacation after 90 days of service, and 100% company paid group life insurance and employee assistance program.

INTERESTED APPLICANTS

Qualified applicants are encouraged to email employment application, cover letter, resume, and salary requirements to jobs@ucera.org or fax at 808-536-7315.

UCERA is an Equal Opportunity Employer.

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