

POSITION DESCRIPTION
COLUMBUS REGIONAL HEALTHCARE SYSTEM

JOB TITLE	CODING TECHNICIAN
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JOB CODE	0225
DEPARTMENT	HEALTH INFORMATION MANAGEMENT
FLSA (Exempt/Non-Exempt)	NON-EXEMPT
DEPARTMENT DIRECTOR SIGNATURE	
ADMINISTRATIVE DIRECTOR SIGNATURE	
V. P. HUMAN RESOURCES SIGNATURE	
EFFECTIVE DATE	08/10/94
REVISION DATE	03/13/09, 07/09/12, 08/26/13

DESCRIPTION SUMMARY: Ascertain appropriate diagnosis from review of medical charts, and assigns corresponding codes so that maximum reimbursement and appropriate statistical evaluation for services can be obtained.

EDUCATION, CREDENTIALS AND TRAINING:

Required: High school graduate. Two year degree in Health Information Technology or four year degree in Health Information Management and certified as RHIA or RHIT; or four year degree in related field, or RN.

Preferred: Certified Coding Specialist or BSN with Professional Certification in UR.

EXPERIENCE: One year previous hospital coding experience is required. Given training and on-the-job experience incumbent should be proficient in the basic aspects of the job within three months.

OTHER: Attention to detail. Interpersonal skills.

ORGANIZATIONAL RELATIONSHIPS:

Supervises: None

Reports to: Clinical Data Coordinator- Health Information Management

COMMUNICATIONS: Requires frequent communications with departmental personnel and management, patients and/or their representatives, business service personnel, physicians, and nursing and ancillary clinical department personnel. Purpose includes giving and receiving information, explaining services, rules, and procedures, and providing instructions or directives regarding policies or standards. Involves authority to make operational decisions and give advice. Requires extensive communication skills, tact, and discretion in order to obtain cooperation and understanding, discuss and resolve problems, make recommendations, and maintain goodwill.

WORKING HOURS AND OVERTIME STATUS: Normally works a floating schedule based on 40 hours per week. May be required to work alternate schedules or additional hours as the workload demands. Classified as non-exempt for the purposes of overtime.

DRESS POLICY: Street attire in compliance with general hospital dress policy.

WORKING ENVIRONMENT: Spends almost all of the time in light and temperature controlled office environment. Spends some time traveling to and from patient floors.

EXPOSURE DETERMINATION: OSHA requires an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment.) This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. **It is the department's responsibility to perform exposure determination for all employees and to list job classifications in one of three categories.**

Category 1 includes employees who are routinely exposed to blood borne pathogens

Category 2 includes employees who are not usually exposed, but for whom contact with infectious materials can be reasonably anticipated during the course of their duties.

Category 3 is for employees who are not exposed to infectious materials during the normal operations of their job duties.

This job is rated as a category 3 (1, 2, or 3).

BIOHAZARDOUS DRUGS: As a health care facility which dispenses drugs, some of which have been identified as hazardous by NIOSH, our goal is to provide training and where necessary, personal protective equipment (PPE) to insure employee safety. *See list of hazardous drugs in Oncology Policies, Chemotherapy Preparation section. Warning labels will be used to identify drugs requiring special handling or waste disposal procedures. It is the department's responsibility to train in safe handling and disposal. It is the employee's responsibility to follow policies and procedures, and to report situations and/or make recommendations to improve safety.

It is also the department's responsibility to perform exposure determination for all employees and to list job classifications in one of three categories.

Category 1 includes employees who are routinely exposed to hazardous drugs.

Category 2 includes employees who are not usually exposed, but for whom contact with hazardous drugs can be reasonably anticipated during the course of their duties.

Category 3 is for employees who are not exposed to hazardous drugs during the normal operations of their job duties.

This job is rated as a category 3 (1, 2, or 3).

WORK AIDS: Computer terminal and printer. Copier. FAX machine. Telephone. Administrative supplies. Patient medical records. Reference books/software. Administrative reports, coding manuals (ICD-9-CM, CPT, HCPCS). Encoding software. Compliance software.

KEY ELEMENTS: CODING TECHNICIAN

Properly apply standard definitions to select the principal Dx, any secondary conditions to include any complications or co-morbidities, and any associated procedures, when coding medical records, as evidenced in 97%-98% of 100 randomly audited charts, and no more than 3-6 otherwise noted exceptions per year.

Maintain a production rate that is on the average of 3-4 charts per hour for all Inpatient/Observation and 5 charts per hour for outpatient surgery coding and abstracting, over the course of the review year.

Maintain a production rate that is on the average of 12 emergency department and 16 outpatient charts per hour for all outpatient coding and abstracting, over the course of the review year.

Accurately follows established procedures to assure receipt of appropriate documentation of physician orders/clarification/diagnosis as evidenced in 49-50 random audits with no more than 2 noted exceptions per year.

JOB ACCOUNTABILITIES

1. Perform final coding verifications on all patient visits and assigns DRG.

- a. Properly apply standard definitions to select the principal Dx, any secondary conditions to include any complications or comorbidities, and any associated procedures, when coding medical records.
- b. Accurately enter codes into computer so that appropriate DRG/APC is determined.
- c. Ensure that accounts not billed due to missing or insufficient information are identified and resolved with the appropriate physician, in the shortest possible time frame.
- d. Effectively communicate with physicians when obtaining or clarifying information, or advising physicians of deficiencies that warrant their attention, so that goodwill and cooperation are maintained.
- e. Stay knowledgeable of and communicate the current status about all pending abstract backlogs, when asked.

2. Communicate, cooperate, and collaborate with others.

- a. Appropriately coordinate or collaborate with departmental and hospital staff, physicians, and other external contacts, ensuring that communications are accurate, clear and timely.

3. Routinely participate in the Patient Registration process.

- a. Participate in the Patient Registration process as needed to ensure timeliness, quality, or continuity of service.

4. Follow the Standards of Ethical Coding.

- a. Diagnoses that are present on admission or diagnoses and procedures that occur during the current encounter are to be abstracted after a thorough review of the entire medical record. Those diagnoses that are not applicable to the current encounter should not be abstracted.
- b. Selection of the principal diagnosis and principal procedure, along with other diagnosis and procedures, must meet the definitions of the Uniform Hospital Discharge Data Set.

- c. Assessment must be made of the documentation in the chart to ensure that it is adequate and appropriate to support the diagnoses and procedures selected to be abstracted.
- d. Medical record coders should use their skills, their knowledge of ICD-9-CM and CPT, and any available resources to select diagnostic and procedural codes.
- e. Medical record coders should not change codes or narratives of codes so that the meanings are misrepresented. Nor should diagnoses or procedures be included or excluded because the payment will be affected. Statistical clinical data is an important result of coding, and maintaining a quality database should be a conscientious goal.
- f. Physicians should be consulted for clarification when they enter conflicting or ambiguous documentation in the chart.
- g. The medical record coder is a member of the healthcare team and, as such, should assist physicians who are unfamiliar with ICD-9-CM, CPT, or DRG methodology by querying for clarification for potential resequencing or inclusion of diagnoses or procedures when needed to more accurately reflect the occurrence of events during the encounter.
- h. The medical record coder is expected to strive for the optimal payment to which the facility is legally entitled, but it is unethical and illegal to maximize payment by means that contradict regulatory guidelines.

5. Perform routine maintenance on equipment and maintain work area.

- a. Operate and maintain assigned equipment in accordance with specifications so that no injuries, damage or undue wear and tear occurs due to failure to comply.
- b. Demonstrate ability to access, enter and print data using departmental computer applications.
- c. Immediately report malfunctioning equipment, if unable to correct.
- d. Inform Clinical Data Coordinator or Director of needed supplies on a timely basis.
- e. Keep assigned work area in a neat and orderly condition on an on-going basis.

6. Perform miscellaneous duties, as needed.

- Assist in maintenance of electronic medical record.
- Update charts in the incomplete system
- Run errands, and perform photocopying, report generation, as needed
- Perform duties of other medical records personnel as needed
- Perform other duties as assigned

- a. Routinely and competently perform electronic medical record maintenance, and file retrieval, when needed to ensure timeliness of service, and when other duties are caught up, without prompting.
- b. Accomplish routine and non-routine miscellaneous assignments in accordance with procedure or instructions, and time frames.
- c. May be required to code other work types as necessary.

7. This position will be required to ensure all physician orders for outpatient Medicare treatment are properly and thoroughly documented and in compliance with hospital Patient Registration procedures and medical necessity guidelines.