NATURE OF WORK IN THIS CLASS

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

ILLUSTRATIVE EXAMPLES OF WORK (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed.)

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 9th Revision: Clinical Modification (ICD-9-CM), the International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-9-CM, ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician add diagnoses as necessary, and/or change an incorrectly described diagnosis.

Enters abstracted data and assigned diagnostic and procedural codes into the computer in an accurate and timely manner.

Generates timely reports on the abstracted data and makes recommendations for improvement to the Medical Health Records Administrator.

Applies quality improvement and volume indicators to the coding, abstracting, and reports generated.

Reads materials, views educational films, and attends meetings and workshops pertinent to coding of patient health records.

Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as required and/or assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of ICD-9-CM, ICD-10-CM, CPT, and HCPCS coding.

Knowledge of anatomy, physiology, and their application to medical science.

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Knowledge of hospital rules governing medial record practices.

Knowledge with computer use.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent Federal, State and Local laws and regulatory guidelines, relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

Must be detail oriented and self-motivated.

MINIMUM EXPERIENCE AND TRAINING:

Graduation from High School or successful completion of a General Equivalent (GED) Test; or any equivalent completion of a certification program, from a recognized accredited or certified vocational technical institution, in a specialized field required for the job and one (1) year experience working as a medical coder in a an outpatient and/or inpatient setting including experience with ICD-9 and ICD-10 coding requirements and guidelines.

NECESSARY SPECIAL QUALIFICATION REQUIREMENTS:

Coding certification from an accredited professional coding organization, such as the American Health Information Management Association (AHIMA) as a Certified Coding Specialist (CCS) or from the American Association of Professional Coders (AAPC) as a Certified Professional Coder (CPC).

Francis Manfarona for Lee Webber
LEE P. WEBBER
Chairman, Board of Trustees

KH:	DI2	175
PS:	C3(29%)	50
ACCT:	CNIV	57
		282
PG:	K	