

Position: Health Information Management Coder
Department: Health Information Management
Supervisor: Health Information Manager
Supervises: No One
FLSA Status: Non-Exempt

Position Summary:

The position is located in the Health Information Management Department at the Black Hawk Health Center. The individual is responsible for abstracting clinical data, reviewing the patient's Electronic Health Record (EHR) documentation, coding diagnoses, procedures, and level of care using ICD-9-CM, CPT, HCPCS and on October 1, 2014 – ICD-10-CM coding books. This individual performs data entry to complete the review into the IHS Resource and Patient Management System (RPMS) application which links to the Third Party Billing application for claim generation for billing.

Duties and Responsibilities:

- Abstracts, reviews physicians or specialized provider staff (e.g., physical therapist, nutritionist) medical documentation of the patient's Electronic Health Record (EHR) in detail to justify diagnoses, procedures and level of care.
- Checking the diagnoses, procedures and level of care codes with the ICD-9-CM, CPT (Current Procedural Terminology) and HCPCS Level II (Healthcare Common Procedure Coding System) coding books. Effective October 1, 2014, ICD-9-CM (14,315 codes) will change to ICD-10-CM (69,099 codes) for coding. Following coding guidelines that have been approved by American Hospital Association (AHA), American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS) and National Center for Health Statistics (NCHS) for the ICD-9-CM and ICD-10-CM coding books must be adhered to.
- Any problems or discrepancies regarding documentation, diagnoses, procedures and level of care in the Electronic Health Record (EHR) will be returned to the medical providers or staff that is documenting in EHR for correction. Will work directly with staff on EHR issues for correction. A joint effort between the healthcare provider and the coder is essential to achieve complete and accurate documentation, code assignment and reporting of diagnoses and procedures.
- Will review and complete data entry of health related visit data from each patient's visit in the Resource and Patient Management System (RPMS) in order to complete that visit. Upon completion of data entry, the codes will automatically link to Third Party Billing which will enable a claim to be generated with the diagnoses', procedure and level of care codes to be printed on the claim.
- Maintenance of the daily Coding Queue will be completed daily and monthly.
- A PCC Error Report will be run on a monthly basis so that errors can be reworked for resubmission for transaction to NPIRS-IHS.

- Maintains an ongoing surveillance of abbreviations in use and submitting new abbreviations to Health Information Manager to submit for approval by Medical Staff.
- Reports continuous coding problems and documentation issues to the Health Information Manager.
- Will assist by submitting any new diagnoses' or procedures' codes that providers wish to add into the EHR Pick Lists or Superbill.
- Will be able to perform any other job duties in other areas of the department as deemed necessary by the Health Information Manager , Designated Person in Charge or Health Director.

Knowledge, Skills, and Abilities:

- Thorough knowledge of ICD-9-CM, CPT and HCPCS codes, anatomy, medical terminology, physiology and coding guidelines for an outpatient setting. Familiarity in the new ICD-10-CM coding system that becomes effective October 1, 2014 taking the place of ICD-9-CM.
- Computer knowledge will assist in reviewing medical documentation in the Electronic Health Record (EHR). Skill in the practical use of electronic systems and proficient typing.
- Familiarity in medical documentation.
- Ability to analyze, code, retrieves and compiles data from the patient's electronic health record.
- Must have an understanding of the health information department and the relationship of the health record and how the department interacts with the flow of the clinic and the flow of the patient's medical record.
- Knowledge of legal requirements pertaining to HIPAA, Privacy and Security Rule, Privacy Act of 1974 and the confidentiality of health records.
- Knowledge of the Sac and Fox Nation Policies and Procedures and Health Information Management Department Policies and Procedures manual.

Supervisory Controls:

- Work is performed under the general supervision of the Health Information Manager, who provides instructions on new or changed procedures in the Health Information Department. May be assigned as designated person in charge by Health Information Manager.
- Work will be reviewed in terms of overall efficiency on coding and documentation discrepancies of medical records by Health Information Manager. Discrepancies can have a major impact on third party billing by the Health Information Manager.

Complexity:

- Work involves knowledge of coding and Coding Guidelines of ICD-9-CM, CPT and HCPCS coding books. Effective October 1, 2014, knowledge of a new coding system will be changed from ICD-9-CM to ICD-10-CM.
- Work involves knowledge of the IHS-RPMS Patient Care Component menu options and process of data entry into the RPMS and EHR accurately.
- Work involves knowledge of medical documentation in the patients' medical records.

Physical Demands:

- Work is mostly sedentary and writing, some walking, standing, bending, and lifting up to 5-10 lbs.
- Work involves reviewing records in the EHR with visual acuity, finger dexterity used in data entry in EHR and RPMS.
- Communication skills used in relating discrepancy issues to healthcare providers that use the EHR for documentation.

Education and Experience:

- Must have a high school diploma or GED. Has successfully completed a Medical Coding Program and acquired certification. Possessing a CPC (Certified Professional Coder), CPC-P (Certified Professional Coder-Physician), CPC-H (Certified Professional Coder-Hospital), CPC-A (Certified Professional Coder-Associate), CCS (Certified Coding Specialist), or CCS-P (Certified Coding Specialist-Physician-based) credentials is beneficial. Have one to three years experience in Coding and PCC data entry. Have clerical skills, communication skills, knowledge of medical coding guidelines and legal principles. Experience in abstracting medical records, medical terminology, anatomy and physiology.

Employee Name (Please Print)

Employee's Signature Date

Supervisor's Signature Date

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