

MUNSON HEALTHCARE MANISTEE HOSPITAL JOB DESCRIPTION

TITLE: Coding Analyst
JOB CODE:
WORK COMP CODE:
DEPARTMENT: Coding

FLSA: Non-Exempt
GRADE: Non-Union Hourly
Date: 02/19

This position receives supervision from the Director of Business Operations. The position works closely with the Coding Coordinator, assisting the Coordinator Coding Analyst/Prospective Payment Systems with many routine and special functions. This position is a resource for problem solving technical coding and charge capture issues. There may be direct contact with Utilization Management, the Business Office, the Medical Staff, and MHHM ancillary departments and other Munson Healthcare affiliates.

ENTRY REQUIREMENTS

This position requires an associate's degree in Health Information Technology or a bachelor's degree in Health Information Management.

Current certification as a Registered Health Information Technologist (RHIT), Registered Health Information Administrator (RHIA) and/or Coding Specialist (CCS) is required.

Requires a minimum three years coding experience in a hospital setting.

In-depth knowledge of prospective payment, DRG and APC grouping, and ICD-10-CM and CPT classification systems is required.

Demonstrated excellence in coding quality and productivity is required.

Previous experience with assessing the quality of coded data is preferred.

Knowledge of CPT-4 coding as it relates to billing requirements is desired.

Must be able to review and interpret clinical medical record information as it applies to coding and abstracting processes.

Experience with 3-M Health Information System products for the Medical Record Department is preferred.

Prior leadership experience would be highly desirable.

Computer keyboard skills are required.

AGE OF PATIENTS SERVED

No direct clinical contact with patients.

HUMAN RELATION SKILLS

Effective communication with the Coder/Abstractors is necessary for optimum workflow of the section. Must be able to develop and maintain effective interpersonal communications with not only the Coder/Abstractors, but also with the Medical Staff, ancillary departments and supervisors. Must be able to effectively communicate ideas and thoughts to new employees and students.

PROBLEM SOLVING

This position requires independent decision making on a routine basis. There is significant latitude to investigate technical problems and to take independent action based on the findings. Works closely with individual medical staff members, Coder/Abstractors, the Business Office, Utilization Management, and Munson Healthcare affiliates in resolving questions relative to accuracy and reimbursement potential of coded diagnoses and procedures.

WORKING CONDITIONS

Generally works in modern, air-conditioned, well-lighted and clean surroundings. Interruptions are commonplace. Must be able to handle the stress involved with working with active medical and departmental staffs. Occasionally required to bend or stoop when filing.

SPECIFIC DUTIES

- 1) Supports the Mission, Vision and Values of Munson Healthcare.**
- 2) Embraces and supports the Performance Improvement philosophy of Munson Healthcare.**
- 3) Promotes personal and patient safety.**
- 4) Meets expectations outlined in Relationship Based Care.**
- 5) Uses effective customer service/interpersonal skills at all times.**
- 6) Provide technical coding advice to Coder/Abstractors and others seeking coding and/or charge capture issues.**

- 7) Discuss case specific problems with physicians relative to diagnosis, procedure, and DRG/APC assignment.
- 8) Investigate and interact with Patient Access Services, Utilization Management, Business Office and Clinical Departments to resolve billing problems as they relate to coding, Prospective Payment Systems and the MR Abstracting system.
- 9) Participate in various revenue cycle activities such as charge master reviews and charge capture process meetings.
- 10) Perform coding quality assessments to ensure accuracy, consistency and appropriateness of clinical data on a regular basis.
- 11) Recommend and assist in development of up-to-date policies/procedures for the coding and abstracting area.
- 12) Provide relief coverage for Coder/Abstractor absences as requested.
- 13) Assist with appeals relative to outside auditor revisions to DRG validation and CPT code assignment.
- 14) Orient and train new employees and students as it relates to coding activities.
- 15) Provide input into hiring decisions of Coder/Abstractors.
- 16) Provide input into evaluations of the Coder/Abstractors as it relates to the quality of their work.
- 17) Code "large dollar/problem" charts as directed.

- 18) Monitor the Incomplete Abstract reports and assist in the completion of records that are "old" or have significant unbilled amounts.
- 19) Update the STAR MPI patient types, service codes and dates of service to facilitate the coding process.
- 20) Performs other duties and responsibilities as assigned.