Outpatient Clinical Documentation Specialist - Coder

Job Code: 300132	FLSA Status: Exempt	Mgt. Approval: M. Dagenais	Date: March 2020
Department: Coding & CDI		HR Approval: J. Theisen	Date: March 2020

JOB SUMMARY

The Outpatient Clinical Documentation Specialist (OPCDS - Coder), working under the direction of the Supervisor, determines the appropriate ICD-10-CM, CPT codes based on clinical documentation, specificity surrounding Hierarchical Condition Categories (HCC). The incumbent reviews medical record documentation (concurrent, prospective and retrospective) and ensures that the codes are appropriately assigned, and diagnostic codes are added to the problem list. The outcome will be documentation that accurately and completely captures the clinical picture/severity of illness/complexity of the patient while providing specific and complete information to be utilized in coding, profiling and outcomes reporting of both the facility and the physicians. The CDS utilizes knowledge of official coding guidelines (ICD-10 and CPT), Hierarchical Condition Categories (HCC), standards of compliance, specifically in OP compliant query processes and clinical knowledge to identify opportunities and to achieve results.

MAJOR RESPONSIBILITIES

- Review documentation available in the Medical Record to facilitate workflows that support the clinical picture/severity of illness/complexity of the patient care rendered to patients.
- Reviews medical records to ensure accurate codes are applied to the encounter. Utilize available encoder, grouper software, and other coding resources to determine the appropriate ICD-10-CM, CPT, and/or HCPCS including specialty specific codes and Evaluation and Management (E&M) codes.
- As needed, correct coding and resubmit claims to ensure documentation supports codes in the encounter.
- Collaborates with nursing or coding staff on retrospective medical record review for severity, accuracy and quality issues.
- Ensure documentation in the medical record follows the official coding guidelines, internal guidelines and the AHIMA/ACDIS physician query brief.
- Create and analyze reports for coding improvement trending and high-level dashboards for ongoing monitoring and opportunities.
- Provide ongoing feedback to physicians and other providers regarding coding guidelines and requirements. Assist with educational in-services for physicians, other providers, and clinic staff relating to coding and documentation compliance as well as new policies and procedures related to billing.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

JOB REQUIREMENTS

Education	Minimum	Associate Degree in Medical Coding or Health Information Technology
	Preferred	Bachelor's Degree in Health Information Administration
Work Experience	Minimum	Three years of outpatient coding in an Academic Medical Center or Tertiary/Teaching Health System with acute care hospital and/or multi-specialty physician practice coding
	Preferred	Two (2) years of Clinical Documentation Integrity experience
Licenses & Certifications	Minimum	Certified Professional Coder (CPC) or Registered Health Information Technician
	Preferred	Certified Risk Adjustment Coder (CRC) Certified Medical Coder or Certified Clinical Documentation Specialist
Required Skills, Knowledge, and Abilities	- Willing to work as a team – innovation and collaboration is a priority - Experience with an Electronic Medical Record (EMR) - Knowledge of, but not limited to, current coding guidelines and methodologies: HCCs, ICD-10-CM coding guidelines and conventions - Extensive knowledge of medical terminology, anatomy and pathophysiology, pharmacology and ancillary test results - Strong organization and analytical thinking skills – detail oriented - Proficient with Microsoft Office applications (Outlook, Word, Excel) - Demonstrates critical thinking skills, able to assess, evaluate, and teach - Self-motivated and able to work independently without close supervision - Strong communication skills (interpersonal, verbal and written) - Ability to work independently and think creatively - Familiarity with the external reporting aspects of healthcare - Familiarity with the business aspects of healthcare, including prospective payment systems	

UW HEALTH JOB DESCRIPTION

AGE SPECIFIC COMPETENCY (Clinical jobs only)

Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

	Adolescent (13 – 19 years)
Infants (Birth – 11 months)	Young Adult (20 – 40 years)
Toddlers (1 – 3 years)	Middle Adult (41 – 65 years)
Preschool (4 – 5 years)	Older Adult (Over 65 years)
School Age (6 – 12 years)	

JOB FUNCTIONS

Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.

PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

Physical Demand Level		Occasional Up to 33% of the time	Frequent 34%-66% of the time	Constant 67%-100% of the time
X	**Sedentary:** Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	**Up to 10#**	**Negligible**	**Negligible**
	Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	**Up to 20#**	**Up to 10#** or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	**Negligible** or constant push/pull of items of negligible weight
	Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.	**20-50#**	**10-25#**	**Negligible-10#**
	Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	**50-100#**	**25-50#**	**10-20#**
	Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	**Over 100#**	**Over 50#**	**Over 20#**
List any other physical requirements or bona fide occupational qualifications:				

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.