

HOWARD UNIVERSITY
Position Description

POSITION TITLE:	Coding and Reimbursement Specialist	SALARY GRADE:	HU-11
DATE REVISED:	December 1, 2014	EEO CODE:	02
JOB CODE:	6126	FLSA STATUS:	Exempt
BARGAINING UNIT:	N/A		

DEPARTMENT:	POSITION NO:
REPORTS TO:	GRANT: <input type="checkbox"/> No <input type="checkbox"/> Yes

BASIC FUNCTION:

The purpose of this position is to analyze and evaluate clinical information and review or assign appropriate ICD-9-CM, CPT and HCPCS codes and modifiers for the purpose of billing professional services.

**SUPERVISORY
ACCOUNTABILITY:**

Involves no responsibility or authority for the direction of others.

NATURE AND SCOPE:

Contact with Medical Faculty, Faculty Practice Plan Staff, HU/HUH Staff, Third Party Payers, and Vendors.

**PRINCIPAL
ACCOUNTABILITIES:**

Assigns ICD-9-CM, CPT and HCPCS codes and modifiers to office and hospital services for professional billing. Reviews coding structures to ensure conformity with CPT requirements.

Submits queries to providers regarding conflicting or unclear documentation in the medical record that affects proper code assignment.

Identifies patterns and variations in documentation and coding practices.

Identifies documentation deficiencies and opportunities for improvement in documentation and coding; offers feedback and education to providers regarding documentation requirements for levels of care or procedures billed.

Requests supporting documentation from office staff and providers.

Participates in the development and implementation of policies and procedures to improve billing.

Investigates and suggests new revenue sources.

Participates in discussions with third party payers regarding reimbursement issues.

Verifies accuracy of keyed charges.

Implements System Charge Correction Functions on documentation and coding errors and/or corrections sent back from practices.

Compiles statistical reports and maintains accountability report of non-billable services.

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Abides by the Standards of Ethical Coding and Code of Ethics as set forth by the American Health Information Management Association and the American Association of Professional Coders, respectively.

Performs data entry and other duties as assigned.

CORE COMPETENCIES:

Ability to understand, interpret, and apply clinical information from the Coding Clinic, CPT Assistant, CMS Regulations and other official sources for accurate code assignment.

Ability to work effectively with physicians, peers, and other staff members.

Ability to do math calculations, input data into the computer and analyze data as requested.

Ability to be detailed oriented, establish priorities and meet deadlines.

Must keep abreast of ICD-9-CM and CPT coding principles and guidelines; must maintain coding certification.

Must possess excellent analytical, problem solving and organizational skills.

Must be able to communicate and provide feedback in a professional manner.

Must be able to follow and understand instructions and react favorably in all work situations.

Ability to use good judgment, make sound decisions and behave with tact, decorum and diplomacy

Ability to maintain harmonious working relationship with staff, students, faculty and University officials and the general public.

MINIMUM REQUIREMENTS:

Bachelor's degree in related field and 2-5 years of experience. 10 years of related work experience may be substituted in lieu of educational qualifications.

Note: This position description should not be construed to imply that these requirements are the exclusive standards of the position. Incumbents will follow any other instructions, and perform any other related duties, as may be required. The university has the right to revise this position description at any time. This position description is not be construed as a contract for employment.

SIGNATURES REQUIRED:

SIGNED BY: _____ **DATE:** _____
Department Manager/Supervisor

CERTIFIED BY: _____ **DATE:** _____
Department of Compensation & Performance Management