

HOWARD UNIVERSITY
Position Description

POSITION TITLE: Sr. Coding and Reimbursement Specialist **SALARY GRADE:** HU-13
DATE REVISED: December 01, 2014 **EEO CODE:** 03
JOB CODE: 6129 **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 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.
- Develops and implements policies and procedures to improve billing.
- Participates in discussions with third party payers regarding reimbursement issues.
- 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.
- 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.

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SIGNATURES REQUIRED:

SIGNED BY: _____
Department Manager/Supervisor

DATE: _____

CERTIFIED BY: _____
Department of Compensation and Performance Management

DATE: _____