

|  |  |   |
|--|--|---|
| JOB TITLE:<br>Coding and Pre-Certification<br>Specialist/Analyst | DEPARTMENT:<br>HIM and Patient Registration and<br>Pre-Service | POSITION OF SUPERVISOR:<br>HIM and Patient Registration Manager and Pre-<br>Service Manager |
| FLSA STATUS:<br>Non-Exempt                                       | ANTICIPATED HOURS PER WEEK:<br>40                              | EFFECTIVE DATE: 10/01/2021  |

**Position Summary: Qualifications: *At all times, the employee shall possess the following qualifications set forth below.***

The Coding Analyst possesses a solid understanding of CPT, ICD-10, and HCPCS Coding and CMS rules and regulations. The Coding Analyst audits and reviews medical documentation for appropriate coding and documentation for the purpose of reimbursement, training, education, and compliance. Gives feedback to the HIM and Patient Registration Manager, and gives suggestions for improvement initiatives. Responsible for obtaining authorizations for ordered services, timely and accurately, to ensure reimbursement for outpatient and inpatient services. The specialist is responsible for providing complete documentation of clinical information to payers in support of healthcare services to be authorized.

|  |  |
|--|--|
| <b>Education/Training:</b>                         | High school graduate or equivalent required. Advanced level courses and/or AHIMA or AAPC certification preferred or three (3) years or more of equivalent experience. Courses in medical/clinical terminology and computer.  |
| <b>Experience:</b>                                 | 3+ years' experience in coding with primary focus in facility outpatient and inpatient and pro fee coding. Experience with a Critical Access Hospital and Rural Health Clinic preferred.   |
| <b>Special Skills, Licenses or Certifications:</b> | Basic computer knowledge<br>Working knowledge of clinical guidelines, hospital, state, and federal guidelines.   |
| <b>Language Skills:</b>                            | Demonstrates ability to read, write, and clearly express one's self in English 100% of the time<br>Additional languages preferred<br>Demonstrates ability to listen<br>Demonstrates ability to clearly convey thoughts in speech and written word  |
| <b>Physical/Mental/Special Demands:</b>            | <ul style="list-style-type: none"> <li>• Lifting a minimum of 25 pounds.</li> <li>• Adequate hearing is required to hear/talk with other employees, patients and public in person and on the telephone.</li> <li>• Adequate sight is required to perform essential functions of the job.</li> <li>• Work requires the use of computers with exposure to monitors, key boards, and mouse with repetitive motions for extended periods of time.</li> <li>• Ability to initiate CPR 100% of the time.</li> <li>• Must have fine motor skills 100% of the time.</li> <li>• Ability to work and multi-task at a rapid pace with numerous interruptions 100% of the time.</li> <li>• Good mental health.</li> <li>• Demonstrate tact and versatility.</li> <li>• Must be dependable.</li> <li>• High degree of self-motivation and directional initiative.</li> <li>• Ability to function successfully independently.</li> </ul> |

|                                    |  |
|------------------------------------|--|
|                                    | <ul style="list-style-type: none"> <li>• Ability to cope and remain calm in escalating situations.</li> <li>• Must consistently demonstrate compliance with organizational-wide competency statements and performance criteria based on established quality indicators.</li> <li>• In addition, the physical demands anticipate standing, bending, walking and long periods of sitting.</li> </ul> |
| <b>Work Environment:</b>           | Work is performed in an office setting with exposure to work stress, environmental stress, and frequent interruptions; noise level is moderate; work may involve exposure to blood, bodily fluids and communicable diseases; frequent communications, on a daily basis, with the general public, co-workers, insurance companies, vendors and patients.  |
| <b>Cross-Training of Position:</b> | PSMC cross-trains job positions. Cross-trains with other Pre-certification positions.  |

**Standard Job Requirements: At all times, employee shall satisfy the following requirements:**

1. Adhere to and support PSMC's Code of Conduct and WISER values.
2. Accomplish annual goals.
3. Works forward on department plans (may change from time to time).
4. Comply with all PSMC policies including, without limitation, timely attendance, code for dress and decorum, no conflicts of interest, no harassment, fragrance free, etc.
5. Comply with all PSMC and department procedures, rules and directives.
6. Establish and maintain effective working relationships with others (e.g., co-workers, supervisors, patients, visitors, vendors of PSMC and the general public).
7. Be courteous, respectful, honest, and solution-oriented in dealing with others.
8. Communicate accurately, clearly, and effectively both orally and in writing.
9. Possess excellent organizational skills and the ability to multi-task.
10. Work independently and perform the job with minimum supervision.
11. Work effectively on PSMC/department team matters and recognize situations, which require teamwork.
12. Maintain strict confidentiality of all patient matters and recognize situations where confidentiality should be maintained even if not legally required.
13. Respect the importance of compliance and quality programs and support the same.
14. Possess computer knowledge/skills and the ability to learn and adapt to new programs and software.
15. Participate in employee training, Disaster Preparedness and emergency events.
16. Perform other job duties, as assigned by a supervisor.

**Essential Duties, Functions and Responsibilities: At all times, employee shall be able to perform the following essential functions of the job, with or without an accommodation, as set forth below.**

1. Conducts coding reviews of medical records and supporting documentation against submitted claims, to determine coding and billing accuracy.
2. Documents coding review findings and reviews with the HIM and Patient Registration Manager and gives results to Senior Leadership, department Managers/Directors, and providers
3. Assists providers with questions and problems related to coding, documentation, and billing.
4. Works with the HIM and Patient Registration Manager to provide education and process improvement initiatives.
5. Identifies and recommends opportunities for cost savings and improving outcomes. Analyze medical documents to evaluate potential issues of fraud and abuse.
6. Monitors CMS and major payer coding and reimbursement policies.

7. Obtain pre-certification for selected populations: Provide clinical information to third party payers. Document pre-cert number with appropriate authorization code for payers to ensure appropriate reimbursement. Review documentation entered by insurance verification, financial counselors and patient accounts and determine additional follow-up.
8. Maintains ongoing knowledge pertinent to admission notification: Reviews updated information from payers, monitors web portal alerts and maintains files on specific payer requirements.
9. Perform pre-certification functions in accordance with established procedures: Monitor various reports, work queues for pre-certification needed. Perform initial review prior to date of service and concurrent review until pre-certification obtained. Communicates and collaborates with other departments to eliminate pre-certification denials.
10. Authorization referral management: Determines if authorization is required and accurately documents account information.
11. Strong organization skills for handing multiple tasks at once.
12. Performs other duties as assigned.

**Approved by:**

|                              |                                |        |
|------------------------------|--------------------------------|--------|
|                              |                                |        |
| (Coding Analyst – Signature) | (Title)                        | (Date) |
|                              | <b>Human Resources Manager</b> |        |
| (Human Resources– Signature) | (Title)                        | (Date) |

**Receipt and Acknowledgment:**

I acknowledge and understand that:

- This job description, and receipt and acknowledgment of this job description, does not imply or create a promise of employment or employment contract of any kind. I understand and acknowledge that my employment with Pagosa Springs Medical Center is “at will” and may be terminated by the employer or me at any time with or without cause.
- The job description provides a general summary and requirements of the position in which I am employed. At this time, I know of no limitations, which would prevent me from performing these functions with or without accommodation. I further understand that it is my responsibility to inform my supervisor if, at any time, I am no longer qualified for my position and/or unable to perform the job requirements or essential functions of my job.
- Positions, job descriptions, duties, tasks, work hours, work requirements and qualifications may be changed at any time at the discretion of Pagosa Springs Medical Center.
- Acceptable job performance requires: (a) proper compliance with and completion of all aspects of the job description; and (b) compliance with PSMC policies, procedures, rules and directives.
- I have read PSMC values (WISER) and understand them.
- I have read and understand this job description.

|                       |                      |        |
|-----------------------|----------------------|--------|
|                       |                      |        |
| (Print Employee Name) | (Employee Signature) | (Date) |