

## **Position Description**

**POSITION TITLE: HB Coding Compliance and Quality Auditor**

### **I. POSITION SUMMARY:**

#### **System Specific Duties and Responsibilities:**

- To provide quality audits, education, and assistance with billing edits for the coding staff to help ensure accuracy, consistency, and efficiency in relation to code assignment for reimbursement, compliance, and reporting purposes.
- Demonstrates, promotes, and monitors for high standards of quality and productivity; focuses on quality results first.
- Monitor and prepare appeals for coding related denials.
- Reports to System Coding Manager unresolved problems related to staffing, morale, scheduling, work methods, procedures, discipline, safety, or other actions regarding the coding professionals.
- Ability to train, educate, and interpret coding guidelines with little to no assistance from the System Coding Manager and/or System HB Coding Supervisors. Ability to mentor less experienced coders.
- Coordinates training for new hires and cross-training of coding professionals.
- Ability to respond to general coding questions in a manner that is respectful, precise, and educational for the coding professionals asking for assistance.
- Conduct qualitative coding audits and educate coders and/or hospital staff on coding opportunities.
- Analyze gaps in coding skills set or provider documentation.
- Work closely with vendors and external coding professionals to facilitate workflows and functions.
- Monitors DNFC and helps escalate and move accounts on hold for documentation along in the coding process for timely billing.
- Demonstrates understanding and sensitivity to compliance issues related to the corporate compliance plan.
- Follows standards of conduct and procedures of health system and applicable laws, and reports violations through the appropriate chain of command.
- Participates in committees when system applications are being updated or implemented within the health system that are relevant to the coding process in the mid revenue cycle.
- Collaborate with billing office, finance, revenue integrity, CDI, HIM supervisors/techs, case management, information technology, compliance, quality, and other departments as needed to resolve issues/opportunities that have been identified during or after the coding process.

- Expert level knowledge of ICD-10-CM, ICD-10-PCS, CPT, and HCPCS code sets.
- Expert level knowledge of MS-DRG and APR-DRG groupers and Medicare's inpatient prospective payment system (IPPS) and outpatient prospective payment system (OPPS).
- Must possess strong leadership and interpersonal communication skills.
- Ability to analyze and interpret complex data.
- Follow the code of Ethics and the Standards of Ethical Coding developed by the American Health Information Management Association and/or the Code of Ethics by the American Academy of Professional Coders.

## **II. Organizational Relationship:**

**Reports to:** System Coding Manager

**Supervises:** Inpatient and outpatient facility coders

## **III. EDUCATION AND EXPERIENCE REQUIRED FOR POSITION:**

### **Education:**

Required: Bachelors degree

Preferred: Graduate of an American Health Information Management Association (AHIMA) approved school with a degree in Health Information Technology.

Required: Active AHIMA credentials in a Health Information Management related specialty (RHIT or RHIA).

Additional Revenue Cycle related credentials preferred.

### **Experience:**

Minimum of 5+ years' of coding experience in all record types of outpatient and inpatient coding in an acute care complex healthcare environment strongly preferred.

### ***Position-Related Experience Includes:***

The ability to train, educate, and interpret coding guidelines effectively to new or experienced coding professionals with little to no assistance from supervisors or manager. Auditing experience and knowledge of ICD-10-CM/PCS coding, abstraction and validation of inpatient

acute care DRG claims; working with DRG Medical PPS as well as computerized groupers and billing rules and regulations. Understanding of CPT and HCPCS. Ability to analyze and interpret complex data. Possess strong leadership and interpersonal communication skills.

Previous experience with electronic health record implementation or conversion projects required. Direct experience with Cerner implementation or conversion projects, strongly preferred.