



Documentation And Reimbursement Specialist Job Description

JOB INFORMATION

<i>Job Code:</i>	133523
<i>Job Title:</i>	Documentation And Reimbursement Specialist
<i>FLSA Status:</i>	Exempt
<i>Supervisory:</i>	May oversee student and/or temporary workers.
<i>Job Family:</i>	Compliance Office
<i>Job Family Group:</i>	Compliance
<i>Management Level:</i>	7 Individual Contributor

JOB SUMMARY

Has responsibility for investigating and responding to matters regarding complex coding, documentation, compliance and/or reimbursement; developing, planning and conducting comprehensive coding and/or documentation training for physicians and other staff; assisting with development and implementation of new related policies and procedures; functioning as quality assurance coordinator; conducting quality control studies of coded data and documentation to ensure compliance; participating in claims review process; overseeing design and revision of divisional billing forms; overseeing billing dictionary updates related to ICD-9 and CPT4 codes; and conducting inpatient and outpatient chart reviews. Works closely with medical group administrators, faculty and/or hospital administrators, as appropriate.

JOB QUALIFICATIONS:

Education

<i>Req</i>	<i>Pref</i>	<i>Degree</i>	<i>Field of Study</i>
X		Associate's degree	
	X	Bachelor's degree	

Additional Education

Check here if experience may substitute for some of the above education.

Combined experience/education as substitute for minimum education

Work Experience

<i>Req</i>	<i>Pref</i>	<i>Work Experience</i>	<i>Experience Level</i>
X		3 years	
	X	5 years	

Additional Work Experience

Check here if education may substitute for some of the above work experience.

Combined experience/education as substitute for minimum work experience

Knowledge, Skills and Abilities

Req	Pref	Functional Skills
X		Associate degree in Health Information Technology or related healthcare degree or Associate degree in Nursing or an accredited Registered Nurse Program as evidence by licensure or certification in any of the following: RHT, RHIA, CCS, CPC-H.
X		Knowledge of medical terminology or equivalent recent training or education.
X		Knowledge of auditing concepts and principles.
X		Basic knowledge of biology/anatomy/disease processes, laboratory test and uses, prescription medications and their respective guidelines.
X		Experience working in a health setting reading and understanding clinical and hospital health records.
X		Candidates should satisfy at least one set of the following:
X		1. Certification in any one of the following: RHIT, RHIA, CCS, CPC-H. Intermediate Comprehensive knowledge of ICD-9-CM, CPT and HCPCS coding. Intermediate Comprehensive and coding both facility and professional services, utilizing ICD-9-CM, CPT and HCPCS.
X		2. Clinical experience as a RN or LVN in a case management or case coordinator role with experience on patient status determinations, Interqual and documentation.
X		3. Clinical background as a RN or LVN with experience in medical auditing in an acute care setting.
X		4. Clinical experience as a RN or LVN with expertise of case delivery documentation and related medical record documentation in an acute setting.
	X	Three years coding quality, documentation and hospital compliance experience.
	X	Knowledge of MS-DRG grouping, APC's and HCC's. Teaching/Training.
	X	Working knowledge of inpatient admission criteria.
	X	Working knowledge of Medicare reimbursement system and coding structures.

Other Job Factors

JOB ACCOUNTABILITIES

	% Time	Essential	Marginal	N/A
Investigates, responds to and communicates information regarding complex coding, documentation, compliance and/or reimbursement matters. Analyzes coding and/or documentation issues/questions from both a compliance and reimbursement perspective. Performs research and provides recommendations for use of codes and/or documentation in a timely manner. Provides analysis for and advises management regarding revenue and reimbursement issues. Works closely with hospital and medical group administrators and faculty, as appropriate, regarding complex coding/billing issues.				
Develops, plans and conducts comprehensive coding and/or documentation training for a highly regulated healthcare process based on training needs of employees. Provides compliance/documentation education sessions for physicians and other staff. Develops educational materials related to documentation, compliance and reimbursement. Provides coding and/or documentation expertise for all compliance and reimbursement issues.				
Monitors and reviews coding accuracy, documentation and/or clinical status determinations to support facility, clinic and professional fee coding or hospital coding, and billing.				
Functions as quality assurance coordinator and technical support for coding/documentation and/or clinical necessity applications, education and references. Measures and maintains compliance standards for coding procedures. Conducts quality control studies of coded data and billed services to ensure compliance.				
Assists with review, development, modification and implementation of new billing policies and procedures to achieve and maintain compatibility with billing requirements. Advises and instructs physicians and other providers regarding billing and documentation policies, procedures and regulations. Interacts with physicians and other providers to obtain clarification of conflicting, ambiguous or non-specific medical documentation.				
Oversees or participates in the design and updates of billing forms and billing system dictionaries and/or coding documentation queries to ensure that all ICD-9 and CPT4 codes are up-to-date and/or documentation is accurate and complete				

JOB ACCOUNTABILITIES

	<i>% Time</i>	<i>Essential</i>	<i>Marginal</i>	<i>N/A</i>
from both compliance and reimbursement perspectives. Designs and implements a system for the annual revision of billing slips as required. Develops and implements appropriate mechanisms for communicating all billing slip and dictionary changes to the appropriate staff.				
Participates in the rejections and claims review process to ensure compliance. Assists with developing appropriate strategies for addressing claims. Assesses claims denial data to identify patterns and assist or develop preventive measures for implementation. Participates in the development and implementation of systems and procedures. Prepares periodic reports identifying corrective measures necessary to resolve denial problems.				
Performs chart reviews for professional fees and/or outpatient and inpatient services billed through IDX and/or the hospital billing systems. Analyzes results and prepare formal reports with findings and recommendations. Facilitates and improves hospital staffs' and/or physicians' understanding of payor and regulatory requirements by providing feedback related to documentation information.				

Other Requirements

<i>Essential:</i>	<i>Emergency Response/Recovery</i>	<i>Essential:</i>	<i>Mandated Reporter</i>
	In the event of an emergency, the employee holding this position is required to "report to duty" in accordance with the university's Emergency Operations Plan and/or the employee's department's emergency response and/or recovery plans. Familiarity with those plans and regular training to implement those plans is required. During or immediately following an emergency, the employee will be notified to assist in the emergency response efforts, and mobilize other staff members if needed.		A mandated reporter who in his or her professional capacity has knowledge of, or reasonably suspects a person who is under the age of 18 years, elderly, or a dependent adult has been the victim of abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone or in writing within 36 hours. By virtue of the associated job duties, this position qualifies as a mandated reporter as required by state law and USC's policy at: https://policy.usc.edu/mandated-reporters/
<i>Campus Security Authority (CSA)</i>			<i>Essential:</i>
By virtue of the associated job duties, this position qualifies as a Campus Security Authority as required by law and USC's policy at: https://dps.usc.edu/alerts/clery/			No

ACKNOWLEDGMENTS

The above statements reflect the essential and non-essential functions as necessary to describe the principle contents of the job. They are not intended to be a complete statement of all work requirements or duties that may be required of the position. I understand that I may be asked to perform other duties as assigned. USC reserves the right to add or change duties at any time.

The University of Southern California is an Equal Opportunity Employer. USC prohibits discrimination on any basis protected under federal, state, or local law, regulation, or ordinance or university policies. All employment decisions are based on individual qualifications and business need.

I acknowledge receipt of this job description and its associated physical requirements. I have read and understand the job description and job requirements and agree to abide by their contents. I realize that duties may be requested of me that are not specifically stated herein. I understand that I will be expected to adjust to potential fluctuations in work volume. I understand that, if I have any questions about the essential functions or expectations of my position, my supervisor and/or HR partner are available to discuss them with me.

Print Employee Name

Signature

Date

Print Manager Name

Signature

Date

This job description describes the general nature and level of work required by the position. It is not intended to be an all-inclusive list of qualifications, skills,

duties, responsibilities or working conditions of the job. The job description is subject to change with or without notice, and Management reserves the right to add, modify or remove any qualification or duty. Nothing in this job description changes the existing at-will employment relationship between the university and the employee occupying the position.