UNIVERSITY OF SOUTHERN CALIFORNIA

Documentation and Reimbursement Specialist

Job Code: 133523

Grade: K

OT Eligible: No

Comp Approval: 5/6/2011

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 ACCOUNTABILITIES:

*E/M/NA % TIME

__________ 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 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.

EMERGENCY RESPONSE/RECOVERY:

[ ] Essential
[ ] No

[ ] Yes

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.

JOB QUALIFICATIONS:

Minimum Education:

Associate’s degree
Combined experience/education as substitute for minimum education

Minimum Experience:

3 years

Minimum Field of Expertise:

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. Knowledge of medical terminology or equivalent recent training or education. Knowledge of auditing concepts and principles.

Basic knowledge of biology/anatomy/disease processes, laboratory test and uses, prescription medications and their respective guidelines. Experience working in a health setting reading and understanding clinical and hospital health records. Candidates should
satisfy at least one set of the following:

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.
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.
3. Clinical background as a RN or LVN with experience in medical auditing in an acute
   care setting.
4. Clinical experience as a RN or LVN with expertise of case delivery documentation
   and related medical record documentation in an acute setting.

Preferred Education:

Bachelor's degree in a related discipline

Preferred Experience:

5 years

Preferred Field of Expertise:

Three years coding quality, documentation and hospital compliance experience.
Knowledge of MS-DRG grouping, APC’s and HCC’s. Teaching/Training. Working
knowledge of inpatient admission criteria. Working knowledge of Medicare reimbursement
system and coding structures.

Skills: Other:

Analysis
Assessment/evaluation
Communication -- written and oral skills
Conceptualization and design
Customer service
Documentation and technical writing skills
Interpersonal skills
Interpretation of policies/analyses/trends/etc.
Knowledge of applicable laws/policies/principles/etc.
Networking
Organisation
Planning
Problem identification and resolution
Project management
Research
Teaching/training

Skills: Machine/Equipment:

Calculator
Computer network (department or school)
Computer network (university)
Computer peripheral equipment
Fax
Personal computer
Photocopier
Supervises:  Level:

May oversee student and/or temporary workers.

SIGNATURES:

Employee: ________________________________  Date:____________________________

Supervisor: ______________________________  Date:____________________________

The above statements are intended to describe the general nature and level of work being performed. They are not intended to be construed as an exhaustive list of all responsibilities, duties and skills required of personnel so classified.

The University of Southern California is an Equal Opportunity Employer