UW HEALTH JOB DESCRIPTION

Medical Coding Specialist II - Inpatient

Job Code: 450005	**FLSA Status: Non-Exempt**	**Mgt. Approval: C. Riemer**	**Date: April 2024**
Department: Coding & CDI		**HR Approval: B. Haak**	**Date: April 2024**

JOB SUMMARY

The Medical Coding Specialist II - Inpatient is responsible for reviewing documentation in the electronic medical record and assigning and sequencing ICD-10-CM diagnosis codes and ICD-10-PCS procedure codes, in accordance with the Standards of Ethical Coding as set forth by the American Health Information Management Association (AHIMA) and in compliance with ICD-10 Official Coding Guidelines and other regulatory requirements.

The Medical Coding Specialist II - Inpatient is proficient with the various Diagnosis Related Groups (DRG) methodologies, including Medicare Severity DRGs (MS-DRGs) and All Patient Refined DRGs (APR-DRGs). The Medical Coding Specialist II - Inpatient codes all case types: including, transplant, major trauma and mortality records, as well as any accounts identified for interim billing or tentative DRGs. The Medical Coding Specialist II - Inpatient participates in the compliant physician query process and will collaborate with the Clinical Documentation Integrity Specialist (CDIS) team regarding clinical validation queries and the DRG reconciliation process as applicable. The Medical Coding Specialist II - Inpatient will partner with the Inpatient Coding Quality Analysts and the Inpatient Coding Supervisor for education and quality monitoring.

The Medical Coding Specialist II - Inpatient will assist in any quality metric questions which may arise. This individual may assist with responding to external coding reviews from private payers as well as government contractors. The Medical Coding Specialist II - Inpatient will interact with physicians and other clinicians with minimal supervision as it pertains to coding and documentation.

MAJOR RESPONSIBILITIES

- Review, analyze and interpret the entire electronic medical record for the current admission to identify all diagnoses and procedures documented during the admission.
- Determine and assign the principal and significant secondary ICD-10-CM diagnosis codes, in addition to present on admission indicators, and ICD-10-PCS procedure codes, using official coding guidelines and knowledge of anatomy and physiology, pharmacology and pathophysiology/disease processes.
- Identify cases with clinical indicators that may require provider documentation clarification and/or specificity in order to accurately assign codes; collaborate with CDIS team as part of the clinical documentation validation and physician query workflows.
- Analyze code assignment and sequence to assure proper MS DRG assignment; sequence codes in compliance with ICD-10 Official Coding Guidelines, Uniform Hospital Discharge Data Set (UHDDS) and other regulatory requirements to accurately assign the DRG.
- Analyze medical record documentation for optimum severity of illness and risk of mortality scores
- Confirm Admission-Discharge-Transfer (ADT) information and correct when necessary
- Suggest and assist with workflow process improvements as appropriate. Participate in coding quality and productivity processes.
- Identify topics of high priority for training and clarification and refer to the Supervisor/Manager
- Keep abreast of annual and periodic updates to the ICD-10 coding system and regulations to provide expert coding advice to colleagues.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

JOB REQUIREMENTS

Education	Minimum	High School Diploma or equivalent and Medical Coding Education. In lieu of a medical coding education, an active coding certification is required.
	Preferred	Graduate of a Health Information Technology program
Work Experience	Minimum	Two years of progressive inpatient facility coding experience
	Preferred	Two or more years of inpatient facility coding experience in an Academic Medical Center and/or Level 1 Trauma Center
Licenses & Certifications	Minimum	Certified Coding Specialist (CCS), Certified Inpatient Coder (CIC) required
	Preferred	Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA)

Required Skills, Knowledge, and Abilities	• Knowledge of, but not limited to, current Official Coding Guidelines and methodologies, MS-DRGs, APR-DRGs, the ICD-10-CM/PCS coding systems and conventions. • Extensive knowledge of medical terminology, anatomy and pathophysiology, pharmacology and ancillary test results • In-depth knowledge of complex medical and coding concepts encountered in an Academic Medical Center. • Knowledge of coding systems and regulatory requirements of Inpatient Prospective Payment System (IPPS) • Proficiency with encoder software and other coding applications/tools • Strong communication skills (interpersonal, verbal and written). • Serve as a subject matter expert to Clinical Documentation Improvement Specialists, colleagues and clinicians. • Strong organizational and analytical thinking skills • Demonstrates critical thinking skills, and ability to interpret, assess, and evaluate provider documentation. • Proficient with Microsoft Office applications (Outlook, Word, Excel) • Self-motivated and demonstrated capacity to work independently without close supervision. This position has the potential to work remotely. • Must be able to work flexible hours which may include weekends as required to meet business needs. • Ability to quickly analyze a situation, problem solve and prioritize. • Familiarity with the external reporting aspects of healthcare • Knowledge of external auditing programs; ex.: Recovery Audit Contractor (RAC), Office of the Inspector General (OIG), third-party payors.

PHYSICAL REQUIREMENTS

Indicate the appropriate physical requirements of this job in the course of a shift. *Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.*

	Physical Demand Level	**Occasional** Up to 33% of the time	**Frequent** 34%-66% of the time	**Constant** 67%-100% of the time
X	**Sedentary:** Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	**Up to 10#**	**Negligible**	**Negligible**
	Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.	**Up to 20#**	**Up to 10#** or requires significant walking or standing, or requires pushing/pulling of arm/leg controls	**Negligible** or constant push/pull of items of negligible weight
	Medium: Ability to lift up to 50 pounds maximum with frequent lifting/and or carrying objects weighing up to 25 pounds.	**20-50#**	**10-25#**	**Negligible-10#**
	Heavy: Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.	**50-100#**	**25-50#**	**10-20#**
	Very Heavy: Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.	**Over 100#**	**Over 50#**	**Over 20#**
Other - list any other physical requirements or bona fide occupational qualifications not indicated above:				

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.