

Revenue Integrity Coordinator – Radiation Oncology

Job Code: 540073	FLSA Status: Non-Exempt	Mgt. Approval: Dept. Admin	Date: April 2021
Department: Multiple		HR Approval: J. Theisen	Date: April 2021

JOB SUMMARY

In accordance with both Official and UW Health Coding Guidelines, the Revenue Integrity Coordinator -Radiation Oncology determines the appropriate ICD-10-CM, CPT, and HCPCS codes for providers and facility services based on clinical documentation. This position will include some charge entry, fielding requests from the prior auth team and assisting with denial appeal writing. The incumbent may also be responsible for provider and staff education.

The Revenue Integrity Coordinator - Radiation Oncology is an advisor to the Financial Clearance team in understanding the appropriate codes for treatment plans requiring prior authorization. They also serve as an advisor to Radiation Oncology clinicians regarding complete and accurate inpatient documentation. The incumbent functions as a liaison between clinicians, financial clearance, and other UW Health/SMPH coders with the goal of ensuring revenue integrity. The position functions as an expert source for information regarding radiation oncology coding, the impact of documentation on patient care and correct reimbursement.

MAJOR RESPONSIBILITIES

- Review information available in the electronic medical record and/or paper record to accurately code the episode of care in multiple specialty areas, including inpatient and outpatient settings.
- Utilize available encoder, grouper software, and other coding resources to determine the appropriate ICD-10-CM, CPT, and/or HCPCS including specialty specific codes.
- Maintain an understanding and apply knowledge of National Correct Coding Initiatives (NCCI), Local Coverage Documents and National Coverage Documents (LCD/NCD) directives, Medically Unlikely Edits (MUEs), and applying knowledge of applicable regulatory requirements and institutional guidelines to select appropriate codes and modifiers.
- Actively participate in and maintain coding quality and productivity processes.
- Communicate directly with physician, non-physician providers to resolve conflicting provider documentation to establish cause and effect relationships between conditions and further specify diagnoses and procedures documented within the medical record.
- Provide ongoing feedback to physicians and other providers regarding coding guidelines and requirements. Assist with educational in-services for physicians, other providers, and clinic staff relating to documentation compliance as well as new policies and procedures related to billing.
- Resolve payer denials and respond to inquiries from revenue cycle teams, processing charge corrections as appropriate.
- Navigate software workflows and processes to identify and resolve appropriate electronic rules and create efficiencies.
- Participate in training new coding staff, as needed.
- Collaborate with Financial Clearance team to provide the appropriate ICD-10-CM, CPT and HCPCS codes that require prior authorization.
- Collaborate with Clinical Denial Specialists to pull Medical Record documentation, associated coding guidelines and reference materials to support the coding/charging practices.
- The position acts as a liaison and coding resource for Radiation Oncology, Prior Auth and Clinical Denials.
- The position will escalate issues to management if deadlines are missed and/or gaps are identified in the process.

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
	Preferred	Graduate of a Health Information Technology program
Work Experience	Minimum	Two years progressive coding experience Radiation Oncology
	Preferred	Two years' experience as a team lead/coordinator/supervisor
Licenses & Certifications	Minimum	Certification as Certified Professional Coder (CPC), Certified Outpatient Coder (COC), Certified Inpatient Coder (CIC), Certified Coding Specialist (CCS), or Certified Coding Specialist Physician-Based (CCS-P), or a Certified Coding Associate (CCA) required

	Preferred	Registered Health Information Technician (RHIT), Registered Health Information Administrator (RHIA)		
Required Skills, Knowledge, and Abilities		<ul style="list-style-type: none"> • Radiation Oncology Coding Experience • Experience with coding concepts (Current Procedural Terminology (CPT), International Classification of Disease 10th Edition-Clinical Modification (ICD-10-CM), Code on Dental Procedures and Nomenclature (CDT), Health Care Procedure Coding System (HCPCS), and Diagnosis Related Group (DRG) • Extensive knowledge of medical terminology • Experience using Microsoft Office (i.e., Excel, Word) • Extensive knowledge of Anatomy and Physiology • Demonstrated capacity to work independently and in a team environment • Effective communication skills, written and oral 		
AGE SPECIFIC COMPETENCY (Clinical jobs only) Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.				
Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,				
	Infants (Birth – 11 months)		Adolescent (13 – 19 years)	
	Toddlers (1 – 3 years)		Young Adult (20 – 40 years)	
	Preschool (4 – 5 years)		Middle Adult (41 – 65 years)	
	School Age (6 – 12 years)		Older Adult (Over 65 years)	
JOB FUNCTIONS Review the employee's job description and identify each essential function that is performed differently based on the age group of the patient.				
PHYSICAL REQUIREMENTS Indicate the appropriate physical requirements of this job in the course of a shift. <i>Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.</i>				
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#
List any other physical requirements or bona fide occupational qualifications:				