

CIVIL SERVICE POSITION DESCRIPTION

Incumbent: _____ **CSN:** SMS.CS.N11490.000 **FLSA STATUS:** Non-Exempt
Present Classification: Reimbursement Coding Representative **Date:** _____
Department/Division: Obstetrics & Gynecology

POSITION FUNCTION:

This position is an entry-level coding position and is responsible for assigning of ICD-10, HCPC and CPT codes to all inpatient and outpatient services provided by the physicians and mid-level providers. This position reviews all charges to ensure documentation is appropriate in accordance with the medical documentation and SIU policy.

ORGANIZATIONAL RELATIONSHIP:

This person reports directly to the Medical Insurance Assistant Manager, who reports to the Assistant to the Chair and Department Administrator of the Department of Obstetrics & Gynecology.

DUTIES AND RESPONSIBILITIES:

The following information is intended to be representative of the work performed by incumbent in this position and is not all-inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related or a logical extension of position responsibilities.

Demonstrates, by actions, commitment to the mission and behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning.

I. Coding and Reimbursement

75%

- A. Assign appropriate coding for all ancillary, hospital and medical provider's charges within the department.
- B. Assist medical providers and billing staff with coding and billing questions. Provides documentation as necessary.
- C. Perform periodic chart reviews to determine that all chart documentation supports services indicated on the encounter form. Ensure all teaching physician requirements are met for resident services.
- D. Assist with the teaching of residents for appropriate coding practices for all levels of inpatient and outpatient services.
- E. Assure that all services and procedures performed are correctly recorded with the appropriate ICD-10, diagnosis code(s), CPT procedure codes(s) and modifier(s) for reporting to all federal, state and third party payors. Work with billing providers to make any necessary changes to meet requirements.
- F. Monitor the ETM task list in Centricity Business for coding edits in the TES system— Transaction Editing System prior to extraction to the BAR system – Billing and Accounts Receivable . Correct edits as needed.
- G. Advise providers of any new CPT and ICD-10 change of codes. Update any electronic charge tickets as needed.
- H. Identify any coding or documentation issues that arise. Bring to the supervisor's attention when found.

- I. Keep updated on all Medicare and Medicaid regulations as they apply.
- J. Attend any required Billing and Coding meetings to increase knowledge of ICD-10, CPT coding etc.

II. Billing:

25%

- A. Review denied claims sent by Patient Business Services for coding error. Correct and/or provide chart documentation for resubmission to the claims payor for proper reimbursement.
- B. Work with the billing department to authorize and resolve any charge adjustments needed on patient accounts. Examples include are but not limited to, correcting service date or location, providing missing or requested documentation, etc.
- C. Compose correspondence letters to third party payors to resolve billing problems.
- D. Work pending and missing charge report to identify missing or incomplete documentation issues and then contacting the provider to resolves issues.
- E. Notify manager of any patterns or trends found.
- F. Other duties as assigned.

SKILLS AND ABILITIES NEEDED FOR THE POSITION:

- 1. Knowledge of ICD-10 and CPT coding, as well as HCPCS.
- 2. Strong verbal and written communication skills.
- 3. Ability to manage deadlines and prioritize work efficiently.
- 4. Maintains CEU (continuing education units) as dictated by certifying body.
- 5. Maintains confidentiality of patient health information at all times.
- 6. Sensitive to the needs of underrepresented minority populations.

RESPONSIBILITY:

- A. Supervisory Controls – The incumbent will function under the direct supervision of the Medical Insurance Assistant Manager.
- B. Guidelines - The incumbent will abide by coding guidelines set forth by American Medical Association (CPT), American Hospital Association (ICD-10), Centers for Medicare and Medicaid Services (CMS), Illinois Department of Healthcare and Family Services (HFS) and guidelines set forth for managed care companies. The incumbent is expected to follow SIU Healthcare Coding and Charge posting departmental polices.

DIFFICULTY:

- A. Complexity - The incumbent will be responsible for coding basic to intermediate level procedures and the insurance denials related to these coding issues.
- B. Scope and Effect - The work performed will have a financial impact on the revenue systclt at SIU Healthcare.

PERSONAL CONTACTS:

The incumbent will have personal and telephone contact on a daily basis with physicians, clinic and administrative staff, secretaries, medical records, accounts receivable, hospital and university staff, and outside agencies.

ENVIRONMENTAL, HEALTH AND SAFETY RESPONSIBILITIES:

Participates in meetings, trainings and other environmental, health and safety activities as required by SIU School of Medicine.

WORKING CONDITIONS:

See attached Physical and Environmental Requirement Form.

Reimbursement Coding Representative
Obstetrics and Gynecology

Date

Kelly Nunn
Medical Insurance Assistant Manager
Obstetrics and Gynecology

Date

Christine Madonia, RN, BSN
Health Care Administrator II/Interim Department Administrator
Obstetrics and Gynecology

Date

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

SIU SCHOOL OF MEDICINE

Incumbent: _____ Classification: **Reimbursement Coding Representative**

Position No. (If applicable): **SMS.CS.N11490.000** Department: **Obstetrics and Gynecology Clinic-SMS**

WORK ENVIRONMENT: (Check all applicable environments)

<input checked="" type="checkbox"/> Office	<input type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Research Laboratory	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Other (Be Specific): _____	

PHYSICAL DEMANDS:	Seldom	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stooping	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at heights	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in extreme cold, heat and/or humidity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working in close quarters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operating motor vehicles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling	10 - 20 lbs.	5 - 10 lbs.	Less than 5 lbs.	<input type="radio"/>	<input checked="" type="radio"/>
Carrying	10 - 20 lbs.	5 - 10 lbs.	Less than 5 lbs.	<input type="radio"/>	<input checked="" type="radio"/>
Lifting	10 - 20 lbs.	5 - 10 lbs.	Less than 5 lbs.	<input type="radio"/>	<input checked="" type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

Kelly Nunn

Supervisor Signature _____ Date _____ Supervisor Name _____ Employee Signature _____ Date _____