

**HEALTH INFORMATION MANAGEMENT CODING SUPERVISOR****DEFINITION**

Under direction, supervises the work of staff who review, interpret, code and abstract medical records information according to standard classification systems; performs the most advanced medical records coding and abstraction duties; performs data quality reviews and prepares complex reports as required; and performs other related duties as assigned.

**DISTINGUISHING CHARACTERISTICS**

This is a first-level supervisory class. An incumbent has supervisory responsibilities for assigning, directing, monitoring and evaluating the work of subordinate staff on a regular basis, as well as performing the most technically difficult coding and abstracting duties in the division.

**EXAMPLES OF DUTIES**

Nothing in this specification restricts management's right to assign or reassign duties and responsibilities to this job at any time.

1. Supervises and performs a wide range of activities pertaining to the review and coding of inpatient and outpatient medical record information.
2. Establishes, implements and maintains a formalized review process for coding compliance, including a formal review (audit) process; designs and uses audit tools to monitor the accuracy of clinical coding.
3. Performs data quality reviews on inpatient records to validate the International Classification of Diseases Manual (ICD-9-CM), and other codes; verifies Diagnosis Related Group (DRG) group appropriateness; checks for missed secondary diagnoses and procedures and ensures compliance with all DRG mandates and reporting requirements; monitors Medicare and other DRG paid bulletins and manuals, and reviews the current Office of the Inspector General (OIG) work plans for DRG risk areas.
4. Performs data quality reviews on outpatient encounters to validate the ICD-9-CM, the Current Procedural Terminology (CPT), and the Healthcare Common Procedure Coding System (HCPCS) Level II code and modifier assignments; verifies Ambulatory Payment Classification (APC) group appropriateness; checks for missed secondary diagnoses and/or procedures; ensures compliance with all APC mandates and outpatient reporting requirements; monitors medical visit code selection against facility specific criteria for appropriateness; assists in the development of such criteria as needed.
5. Creates and monitors inpatient case mix reports and the top DRG's in the facility to identify patterns, trends and variations in the facility's frequently assigned DRG groups; investigates and evaluates potential causes for changes or problems; takes appropriate steps in collaboration with the right staff to effect resolution or explain variances.
6. Creates and monitors outpatient service mix reports and the leading medical visit, surgical service, significant procedure, and ancillary Ambulatory Payment Classifications (APC's) assigned in the facility to identify patterns, trends, and variations in the facility's frequently assigned APC groups; takes appropriate steps in collaboration with the right staff to effect resolution or explain variances.

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7. Continuously evaluates the quality of clinical documentation to identify incomplete or inconsistent document for inpatient and/or outpatient encounters that impact the code selection and resulting APC/DRG groups and payment; brings concerns to the attention of the HIM Supervisor and/or medical staff for resolution.
8. Provides or arranges for training of facility healthcare professionals in the use of technical coding guidelines and practices, proper documentation techniques, medical terminology and disease as they relate to the DRG, APC and other data quality management.
9. Maintains knowledge of current and required coding certifications as appropriate; may perform the most technical complex and difficult coding and abstraction work.
10. Selects, assigns, and trains subordinate technical and clerical staff; directs, monitors and evaluates work; reviews and makes decisions regarding leave requests; initiates and implements disciplinary action as needed; assists with and promotes the recruitment and retention of qualified staff as assigned.
11. Abides by the Standards of Ethical Coding as set forth by the American Health Information Management Association; reports areas of concern to the Director of Health Information Management.
12. Assists the Director by serving as a facility representative for DRG's and/or APC's by attending coding and reimbursement workshops and bringing back information as appropriate; communicates any DRG/APC updates published in third-party payer newsletters, bulletins and/or provider manuals; shares information with facility staff as directed.
13. Stays informed about transaction code sets, Health Insurance Portability and Accountability Act (HIPPA) requirements and other future issues impacting health information management functions; keeps abreast of new technology in coding and abstracting software and other forms of automation.
14. Demonstrates and maintains competency in the use of computer applications, particularly the coding and abstracting software and hardware currently in use by the Health Information Management division.
15. Monitors unbilled account reports for outstanding services or un-coded discharges to reduce accounts receivable days for inpatients and/or outpatients; performs periodic claim form reviews to check code transfer accuracy from the abstracting software and the charge master; may serve on a charge master maintenance committee.
16. In partnership with appropriate personnel, recommends and implements standardized, organization-wide coding guidelines and documentation requirements; develops and implements training and educational programs for physicians and coders.
17. Consults with other divisions and individuals regarding data quality management.
18. Collects and prepares data for studies involving inpatient stays and outpatient encounters for clinical evaluation purposes; prepares and maintains a variety of complex records and reports.
19. Performs other related duties as assigned.

## **QUALIFICATIONS**

A combination of experience, education, and/or training which substantially demonstrates the following knowledge, skills and abilities:

### **Knowledge and Skills:**

#### **Thorough Knowledge of:**

1. Principles and practices of hospital administration; principles and practices of leadership and supervision; principles of work planning and organization.
2. Advanced principles and practices of medical record keeping; advanced medical terminology, anatomy, and physiology, as well as the states, sequence, progression and description of diseases as they apply to medical record coding and abstraction.
3. Advanced functions of a hospital medical records division; legal aspects of medical record administration.
4. Advanced elements of ICD-9-CM, CPT, and HCPCS Level II coding systems.
5. The APC structure and regulatory requirements.
6. The current Diagnostic and Statistical Manual of Mental Disorders (e.g., DSM IV-TR).
7. Current hospital reimbursement systems and associated regulatory review practices.
8. Governmental and Joint Commission (JCAHO) standards for medical records.
9. Appropriate methods for auditing and reviewing information for quality control purposes.
10. The operation of standard office equipment; standard business computer hardware and software.
11. The business and professional relationships and ethics involved among hospitals, physicians and patients.

#### **Skill and Ability to:**

1. Plan, assign and supervise specialized and routine medical records technical and clerical work.
2. Make difficult decisions regarding technical issues with substantial independence.
3. Read, interpret and evaluate complex technical reports and information.
4. Understand and apply anatomical, physiological and medical terminology.
5. Audit both outpatient and inpatient medical records to verify the appropriateness of diagnostic codes medical record abstracts.
6. Work with physicians and others to ensure complete and accurate information and optimal reimbursement based on coding and abstracting of medical records.
7. Operate a personal computer.
8. Maintain complex records, compile statistics and prepare complex technical reports.
9. Communicate clearly and concisely, both orally and in writing.
10. Provide excellent public relations and courteous customer service; establish and maintain cooperative working relationships with others including physicians, nurses, administrators, managers, vendors, contractors and other health care industry personnel.

**DESIRABLE QUALIFICATIONS**

Possession of a national certification or registration in health information management coding from the American Health Information Management Association (AHIMA) as a Certified Coding Specialist (CCS), a Registered Health Information Technician (RHIT) or a Registered Health Information Administrator (RHIA).

**REQUIRED CONDITIONS OF EMPLOYMENT**

As a condition of employment, the incumbent will be required to:

1. Pass a pre-employment physical/medical assessment and background check.
2. Be willing to work in an environment with potential exposure to potentially hazardous and infectious substances/organisms such as bodily fluid or blood.

**EXAMPLES OF EXPERIENCE/EDUCATION/TRAINING**

Any combination of training, education and/or experience which provides the knowledge, skills and abilities and required conditions of employment listed above is qualifying. An example of a way these requirements might be acquired is:

Experience:

If certified as a CCS: requires two years of journey level coding experience at a level comparable to the class of Health Information Management Coder II in Monterey County.

If registered as an RHIT or RHIA: requires one year of journey level coding experience at a level comparable to the class of Health Information Management Coder II in Monterey County.

Education:

Equivalent to graduation from high school.

**PHYSICAL AND SENSORY REQUIREMENTS**

The physical and sensory requirements for this classification include:

1. Mobility and Lifting: Frequent sitting for extended periods of time; frequent standing; frequent lifting up to 25 pounds.
2. Visual: Constant ability to read information, including close up; constant ability to use a computer screen; frequent use of good overall vision, including color perception.
3. Dexterity: Constant eye and hand coordination and manual dexterity to write, operate a computer keyboard and finely manipulate small objects.
4. Hearing/Talking: Constant ability to hear normal speech; frequent ability to hear and talk on the telephone and in person.
5. Emotional/Psychological: Constant ability to make decisions and concentrate.
6. Special Requirements: Frequent exposure to dust.

Health Information Management Coding Supervisor

**CLASS HISTORY**

Class Code: 50T22  
Established Date: March 2007  
Revised Date:  
Former Title:

**CLASS DATA**

Job Group: 13  
EEO Category: PP  
Work Comp. Code: 8830  
Bargaining/Employee Unit: F  
FLSA: C  
MOCO OT: Y

Prepared by:

/s/ Janine Bouyea, NMC Human Resources Administrator  
County Administrative Office

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Date