

MEDICAL CODING AND BILLING SPECIALIST

27-C

DISTINGUISHING FEATURES OF THE CLASS: This is a specialized, technical position involving responsibility for developing and implementing a process for coding, maintaining and retrieving medical records of the facility's residents. The work involves arrangement of medical information based on recognized nomenclature and classification of diseases. The incumbent is responsible for translating diagnostic and procedural phrases utilized by healthcare providers into coded form. The coded information is utilized for reimbursement purposes and in the assessment of medical care of the residents. Work is performed under the general supervision of the Fiscal Administrative Officer with considerable leeway allowed for exercising independent judgment. Supervision is exercised over medical records clerical staff.

TYPICAL WORK ACTIVITIES: *The typical work activities listed below, while providing representatives examples of the variety of work assignments in the title, do not describe any individual position. Incumbents in this title may perform some or all of the following, as well as other related activities not described.*

Plans, develops and implements medical records system to acquire, analyze, code, store and retrieve medical records in accordance with Federal, State and facility standards and ensures that all departments follow the established policies and procedures;

Codes, cross-indexes and verifies diseases and special therapy according to established nomenclature and classification systems; independently determines appropriate codes to be used based upon documentation;

Utilizes electronic data processing equipment in the course of performing duties and responsibilities;

Verifies completeness, accuracy and proper entry into computer systems according to established standards, statutes and regulations;

Assists with Medicare, Medicaid and private pay billing and coding of services provided at Adult

Care Center;

Assists with Accounts Payable and Accounts Receivable, including collections of outstanding receivables, and posts to a journal or ledger according to a prescribed routine;

Maintains records retention and disposal in accordance with the Records Retention Schedule;

Abstracts pertinent medical records information for physicians and assigns ICD-9 Codes or HCPCS Codes creating RUGS Categories;

Assists facility staff in complying with state and federal health codes, in preparing data for quality assurance, care planning, survey process and systems pertaining to the reimbursement process;

Responds to inquiries regarding information in residents' charts from insurance companies and other authorized agencies;

Ensures HIPAA regulations are met under the guidance of the Compliance Coordinator;

Types physicians' history and physical reports, discharge summaries, admission and readmission charts and other narratives as necessary;

Assists in preparing periodic and statistical reports.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES, AND PERSONAL CHARAC-

TERISTICS: Good knowledge of the design and operation of medical records retention and retrieval systems; good knowledge of the appropriate content of medical records and the origins of clinical information; good knowledge of medical terminology and standard nomenclature for coding and indexing diseases; good knowledge of medical recordkeeping procedures; good knowledge of laws,

regulations and techniques governing the maintenance and release of medical records; good knowledge of the basic principles and practices of accounting and bookkeeping; good knowledge of software programs, including word processing and database at an acceptable rate of accuracy and speed; working knowledge of terminology of human anatomy and physiology; working knowledge of statistical methods for health care records management analysis; and ability to express oneself clearly both orally and in writing.

MINIMUM QUALIFICATIONS: Either:

- (A) Possession of a Credentialed Certified Professional Coder (CPC) Certificate approved by the American Academy of Professional Coders (AAPC) and 6 months of experience in the indexing and inventorying of medical records and/or maintaining computerized medical record databases for a unit or department of a medical facility or an insurance company; or
- (B) Graduation from high school or possession of a high school equivalency diploma and two (2) years experience as stated in (A) above, and within one year of appointment credentialed with a Certified Professional Coder (CPC) approved by the American Academy of Professional Coders.

NOTE: Coding Certification must be maintained through continuing education unit (C.E.U.) courses (18 C.E.U.s) annually to retain position.

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