**Clinical Coding Specialist I Standard Job Description**

**Classification Title:** Clinical Coding Specialist I

**FLSA Exemption Status:**Non-Exempt

**Pay Grade:** 7

**Job Description Summary:**

Clinical Coding Specialist I is responsible for entry-level diagnostic and procedural codes to patient health information.

**Essential Duties and Responsibilities:**

**40% Coding and Claims Management**

* Applies diagnostic and procedural codes to patient health information.
* Codes encounters, builds invoices and releases for claims filing.
* Performs data quality reviews on all encounters to validate appropriateness of coding.
* Utilizes audit tools to monitor the accuracy of clinical coding.
* Reviews all claims prior to transmission for accuracy and compliance.
* Ensures compliance with regulations for billing specific services and documentation requirements.

**20% Financial Oversight and Reporting**

* Monitors accounts receivable report and follows up with insurance companies on pending claims.
* Reviews all invoices placed on hold by billing company for necessary corrections or information.
* Researches and appeals denied claims to ensure maximum reimbursement.
* Reviews charts in Patient Management System for compliance with billing regulations.

**10% Communication and Support**

* Answers questions from staff regarding coding requirements.
* Responds to inquiries from patients regarding service charges and eligibility.
* Assists patients with any billing questions as needed.

**10% Administrative and Compliance Duties**

* Provides input and assists in developing policies and procedures for medical billing and coding.
* Assures pre-authorization numbers are on all claims filed.
* Follows up with providers when code assignments or documentation are unclear.

**20% Duty Title (for the department's use)**

* Remaining Percentage Can Be Determined by Department to Meet Business Needs or Can Be Incorporated into Percentages Above.

**Qualifications:**

**Required Education:**

* Associates degree or combination of education and experience.

**Required Experience:**

* Three years of related experience.

**Required Licenses and Certifications:**

* None

**Required Knowledge, Skills, and Abilities:**

* Ability to multitask and work cooperatively with others.
* Understanding of compliance requirements for medical services documentation to support billing or appealing claims to all payers.
* Excellent communication skill (written and oral (and interpersonal skills.
* Ability to communicate with physicians, nursing and administrative staff to educate and assist with knowledge of medical documentation requirements to achieve compliance for billing.

**Additional Information:**

**Machines and Equipment:**

* Computer
* Telephone

**Physical Requirements:**

* None

**Other Requirements and Factors:**

* This position is security sensitive
* This position requires compliance with state and federal laws/codes and Texas A&M University System/TAMU policies, regulations, rules and procedures
* All tasks and job responsibilities must be performed safely without injury to self or others in compliance with System and University safety requirements

**Is this role ORP Eligible? If so, it needs to meet the criteria on the** [**Rules and Regulations of the Texas Higher Education Coordinating Board**](https://reportcenter.highered.texas.gov/reports/data/user-friendly-version-of-ch-25/)**.**

**Yes**

**No**

**Does this classification have the ability to work from an alternative work location?**

**Yes**

**No** 