**Clinical Coding Specialist III Standard Job Description**

**Classification Title:** Clinical Coding Specialist III

**FLSA Exemption Status:**Non-Exempt

**Pay Grade:** 9

**Job Description Summary:**

The Clinical Coding Specialist III responsible for complex diagnostic and procedural codes to patient health information.

**Essential Duties and Responsibilities:**

**40% Coding and Compliance Oversight**

* Applies diagnostic and procedural codes to patient health information.
* Performs data quality reviews on outpatient encounters to validate the ICD-9-CM, appropriateness, or missed secondary diagnosis.
* Ensures compliance with regulations for billing specific services and residency documentation and signature requirements.
* Utilizes guidelines from the Centers for Medicare & Medicaid Services unless other payer is more stringent.
* Codes encounters, builds invoices, and releases for claims filing.
* Monitors billing reports to identify, investigate, and solve problems.
* Reviews visits placed on hold and Explanation of Benefits for claims that have been denied or have not received a response from insurance.

**20% Audit and Claims Management**

* Designs and uses complex audit tools to monitor the accuracy of clinical coding.
* Reviews and prepares all invoices placed on hold by the billing company for corrections or information required to refile or appeal claims.
* Assists with appealing rejected claims to the payers.
* Uploads medical records to the billing company.

**10% Training and Support**

* Researches and answers questions about coding requirements from staff.
* Communicates problems in coding compliance to management.
* Prepares and provides training for healthcare professionals in the use of coding guidelines.

**10% Data Analysis and Reporting**

* Interprets data for reimbursement applications.
* Validates data for disease registries.
* Analyzes information and makes recommendations to management.

**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:**

* Five 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** 