**Clinical Coding Specialist II Standard Job Description**

**Classification Title:** Clinical Coding Specialist II

**FLSA Exemption Status:**Non-Exempt

**Pay Grade:** 8

**Job Description Summary:**

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

**Essential Duties and Responsibilities:**

**40% Compliance and Coding Oversight**

* Perform data quality reviews on outpatient encounters to validate the ICD-9-CM, appropriateness, or missed secondary diagnosis.
* Apply diagnostic and procedural codes to patient health information.
* Review charts in Patient Management System for compliance with regulations for billing specific services and residency documentation and signature requirements.
* Utilize guidelines unless other payer is more stringent.
* Codes encounters, builds invoices and releases for claims filing once completed.
* Design and use audit tools to monitor the accuracy of clinical coding.
* Review all invoices placed on hold by billing company for corrections or information that may be required to refile or appeal claims.
* Upload medical records required through the designated drive to the billing company.

**20% Training and Support**

* Provide and arrange training for healthcare professionals in the use of coding guidelines.
* Answer questions from staff regarding coding requirements and communicate problems in coding compliance to management as needed.

**20% Claims Management and Analysis**

* Identify trends in denials and rejections and notify billing manager to inform appropriate parties.
* Review visits placed on hold and Explanation of Benefits for claims that have been denied or have not received a response from insurance.
* Interpret data for reimbursement applications.
* Validate data for disease registries.

**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:**

* Four 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** 