# **Work Process Schedule**

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| Medical Records and Health Information Technician/Medical Coders | |
| **Job Description:** Use coding conventions and guidelines to abstract, analyze, and accurately assign International Classification of Diseases, Current Procedural Terminology, and other classification systems, as well as principal and secondary diagnostic and procedural codes to inpatient, ambulatory, and outpatient medical records. | |
| **RAPIDS Code:** 1114CB | **O\*NET Code:** 29.2071.00 |
| **Estimated Program Length:** 1 year | |
| **Apprenticeship Type:**  Competency-Based  Time-Based  Hybrid | |

Suggested On-the-Job Learning Outline

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| Properly applies diagnosis and procedure codes to medical charts, records and related documents | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Enters or confirms code(s) associated with medical diagnosis(es), procedures, and services |  |  |
| 1. Ensures medical codes reflect medical record documentation |  |  |

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| Supports documentation of care for services provider reimbursement process to ensure timely and accurate payment | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Ensures accuracy of diagnosis/procedural groups such as DRG (Diagnosis Related Group), MSDRG (Medical Severity), APC (Ambulatory Payment Classification), etc. |  |  |
| 1. Communicates with physicians or other care providers to ensure appropriate documentation |  |  |
| 1. Applies policies and procedures to comply with changing regulations among various payment systems for healthcare services, such as Medicare, Medicaid, managed care, etc. |  |  |
| 1. Applies policies and procedures for the use of clinical data required in reimbursement and prospective payment systems (PPS) in healthcare delivery |  |  |
| 1. Supports accurate billing through coding, charge master, claims management and bill reconciliation processes |  |  |
| 1. Ensures accuracy of diagnostic/procedural groupings such as DRG and APC |  |  |
| 1. Resolves discrepancies between coded data and supporting documentation |  |  |

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| Maintains accurate and complete patient health records | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Compiles patient data and performs data quality reviews to validate code assignment and compliance with reporting requirements |  |  |
| 1. Ensures that medical records are complete, including medical history, care or treatment plans, tests ordered, test results, diagnosis and medications taken |  |  |
| 1. Verifies consistency between diagnosis and treatment plans, procedures and services |  |  |

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| Ensures compliance with healthcare law, regulations and standards related to information protection, privacy, security and confidentiality | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Participates in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training |  |  |
| 1. Validates coding accuracy using clinical information found in the health record |  |  |
| 1. Adheres to current regulations and establish guidelines in code assignment (focus on assignment of principle diagnosis, principle procedure, and sequencing as well as other clinical coding guidelines |  |  |
| 1. Uses established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others |  |  |

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| Maintains appropriate technology solutions including health information systems to support health care delivery and organizational priorities | | |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Specifies, refines, updates, produces and makes available a formal approach to implement information and communication technology solutions necessary to develop and operate the health information system architecture in support of the organization |  |  |
| 1. Stays apprised of innovative solutions for integration of new technology into existing products, applications or services |  |  |
| 1. Identifies and clarifies user needs (internal and external customers) and organizational policies to ensure system architecture and applications are in line with business requirements |  |  |
| 1. Uses and maintains applications and processes to support other clinical classification and nomenclature as appropriate (e.g. DSM-V - Diagnostic and Statistical manual of Mental Disorders - SNOMED-CT - Systemized Nomenclature of Medicine -Clinical terms, etc.) |  |  |

Suggested Related Instruction Outline

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| Provider | |
| **Name:** | |
| **Address:** | |
| **Email:** | **Phone Number:** |
| **Suggested Related Instruction Hours:** 144 | |

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| **Course Number** | **Course Title** | **Contact Hours** |
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