

TITLE: Risk Adjustment Coding Specialist
JOB FUNCTION: Fiscal

UPDATED: 10/23/20
FLSA STATUS: Exempt

GENERAL SUMMARY:

The Risk Adjustment Coding Specialist reviews and analyzing medical records to identify relevant diagnoses and procedures for distinct patient encounters. Involves interaction with physicians, residents, advanced practice nurses, ancillary providers, coding and HIM professionals and nursing staff. Incumbent uses ICD-10-CM standards, codes and abstracts medical records for reimbursement purposes and performs analysis and implement procedures which ensure the accuracy of data submitted to government agencies for determining risk adjustment payments.

ESSENTIAL DUTIES AND RESPONSIBILITIES INCLUDE:

Evaluates medical record documentation for completion to ensure accuracy and compliance to meet CMS standards.

- Compares past and present medical history of each participant to maintain ICD-10 codes for optimal reimbursement.
- Validates ICD-10 codes based on documentation to ensure proper HCC codes are generated.
- Validates Current Professional Terminology (CPT) codes on the "All encounter Data"

Serves as a resource for Element Care sites to address risk adjustment and medical coding guidelines and updates.

- Conducts risk adjustment data validation and audits to identify and resolve data integrity issues.
- Analyze provider coding trends to detect risk gaps and opportunities for provider education.
- On site visits with IDT to ensure participants' diagnosis codes are not dropped based on Risk Scores and HCC reports.
- Collaborates with IDT on documentation requirements in order to reach proper diagnosis codes selection.
- Reviews bulletins, AAPC website, and periodicals, and attends workshops to stay abreast of current issues and changes in the laws and regulations governing medical coding and proper documentation.
- Ability to create and maintain strong relationship with IDT and maintain confidentiality regarding clinical information.

Work with IDT in regards to NextGen EHR.

- Identifies and evaluates meaningful use within ICD10 functionality.
- Identifies and evaluates meaningful use of CPT Coding for "All Encounter Data" submission.
- Provides training to IDT in order to meet CPT coding for "All Encounter Data" submission.
- Ability to work with multiple software systems running reports and updating data.

Project Work.

- Works on multiple projects individually and as part of a team. Meets project timeline expectations.

Other responsibilities as required.

JOB SPECIFICATIONS:

- AAPC or AHIMA Certified, CPC. CRC preferred.
- Maintain current AAPC or AHIMA credentials.
- Complete all continuous education mandated by AAPC.
- ICD-10 proficiency requirements met.
- Demonstrated analytical, problem solving, and documentation skills.
- Demonstrated verbal and written communication skills.