

**WORK PROCESS SCHEDULE**  
**HIM (HEALTH INFORMATION MANAGEMENT) HOSPITAL CODER**  
**O\*NET-SOC CODE: 29-2071.00 RAPIDS CODE: 2029CB**

The HIM (Health Information Management) Hospital Coder will use coding conventions and guidelines to abstract, analyze, and accurately assign ICD (International Classification of Diseases) and CPT (Current Procedural Terminology) principle and secondary diagnostic and procedural codes to inpatient, ambulatory, and hospital outpatient medical records. The HIM Hospital Coder will query physicians when diagnosis is unclear, audit records, and perform peer reviews. This position must utilize encoder, grouper, and other Health Information Management software often including Electronic Health Records. Job requirements include a current credential such as RHIA (Registered Health Information Administrator), RHIT (Registered Health Information Technician), CCA (Certified Coding Associate) or other designated credential from a nationally recognized organization. Preferred candidates will hold an associate's degree or higher in Health Information Management; although those with a certificate in coding from an approved coding program will be considered.

**On the Job Competencies:**

<b>COMPETENCY</b>	<b>TIME</b>	<b>OJL</b>	<b>COMPONENT 1</b>	<b>COMPONENT 2</b>	<b>COMPONENT 3</b>
<b>Use and maintain electronic applications and work processes to support clinical classification and coding (for example, encoding and grouping software)</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Apply diagnosis and procedure codes according to current nomenclature</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Ensure accuracy of diagnostic/procedural groupings such as DRG (Diagnosis Related Group), MSDRG (Medicare Severity), APC (Ambulatory Payment Classification), etc.</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification

<b>COMPETENCY</b>	<b>TIME</b>	<b>OJL</b>	<b>COMPONENT 1</b>	<b>COMPONENT 2</b>	<b>COMPONENT 3</b>
<b>Validate coding accuracy using clinical information found in the health record</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Adhere to current regulations and established guidelines in code assignment (focus on assignment of principle diagnosis, principle procedure, and sequencing as well as other clinical coding guidelines)</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Use and maintain applications and processes to support other clinical classification and nomenclature as appropriate to the work setting (e.g., Diagnostic and Statistical Manual of Mental Disorders [DSM IV], Systematized Nomenclature of Medicine-Clinical Terms [SNOMED-CT])</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Resolve discrepancies between coded data and supporting documentation</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Communicate with physicians and other care providers to ensure appropriate documentation</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Apply policies and procedures for the use of clinical data required in</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification

<b>COMPETENCY</b>	<b>TIME</b>	<b>OJL</b>	<b>COMPONENT 1</b>	<b>COMPONENT 2</b>	<b>COMPONENT 3</b>
<b>reimbursement and prospective payment systems (PPS) in healthcare delivery</b>					
<b>Apply policies and procedures to comply with changing regulations among various payment systems for healthcare services such as Medicare, Medicaid, managed care, etc.</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Support accurate billing through coding, chargemaster, claims management, and bill reconciliation processes</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative and others</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Compile patient data and perform data quality reviews to validate code assignment and compliance with reporting requirements such as outpatient prospective payment systems</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification
<b>Ensure accuracy of diagnostic/procedural groupings such as DRG and APC</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification

<b>COMPETENCY</b>	<b>TIME</b>	<b>OJL</b>	<b>COMPONENT 1</b>	<b>COMPONENT 2</b>	<b>COMPONENT 3</b>
<b>Participate in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training</b>	<ul style="list-style-type: none"> <li>Competency Based</li> </ul>		Baseline training	Intermediate training	Completion/Mentors verification certification

On the job competencies will be evaluated as competency-based achievements. Each of the competencies will have objectives and completion high low certification.

All competencies will be verified and signed off by assigned mentors/trainers/supervisors.

All related instruction and supplementary training will be structured as a part of the certification process.

**RELATED INSTRUCTION OUTLINE  
HEALTH INFORMATION MANAGEMENT (HIM) HOSPITAL CODER  
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<b>HIM Hospital Coder Certificate (Coding), Associate or Baccalaureate Degree in HIM</b>	
<b>Course</b>	<b>Hours</b>
Medical Terminology	45
Anatomy and Physiology	45-90
Pathophysiology	30-45
Pharmacology	15-30
Reimbursement/Revenue Cycle	45
Legal and Compliance	45
Health Information and Delivery Systems (Health Record and Data Content and IT)	45
Coding Classification	90-180
<b>Total Hours</b>	<b>360-525</b>

