



Outpatient CDI & Risk Adjustment Coding Consultant Job Description

Job Title: Outpatient CDI and Risk Adjustment Coding Consultant
Department: Outpatient
Reports to: VP of Outpatient Services
FLSA Status: Exempt

Position Summary: Outpatient consultants conduct in-depth evaluation of outpatient hospital and professional coding and documentation adequacy for accurate reimbursement and risk adjustment. Consultant has expertise in various aspects of outpatient documentation, coding, and billing. The outpatient coding / CDI consultant completes independent record review and provides education and consultative guidance for outpatient coding and clinical documentation integrity staff. This consultant may be assigned specific CDI contracts to manage for small to medium-sized facilities.

Essentials of Duties and Responsibilities:

- 1) Auditing of documentation and coding practices for professional services and outpatient facility services to determine improvement opportunities consistent with National and Local Coverage Determinations, Official Coding Guidelines (outpatient) for ICD-10-CM, CPT-4, and HCPCS Level II codes.
- 2) Auditing of medical records for documentation and coding of Hierarchal Condition Category codes and calculation of Risk Adjustment Factor scores.
- 3) Assist in the development and facilitation of a provider specific Clinical Documentation Integrity program for professional services and outpatient facility services for clients.
- 4) Evaluate professional services and outpatient facility payment denials for correction and education to client.
- 5) Maintain review productivity commensurate with the assigned project.
- 6) Provide e-learning, classroom, or one-on-one education for providers, professional or facility staff regarding correct documentation and coding practices for compliant reimbursement and risk adjustment.
- 7) Research CMS and other related web sites to keep abreast of regulatory guidance.
- 8) Develop timely client reports to describe review results and recommendations for improvement.

Once assigned to a given client, they are responsible for:

- Prepare for the consultation visit in advance by assuring key personnel are aware of the dates of the visit. Send email confirmation with request for records, reports and billing information that will be needed. Request for access to EHR through the access manager and client contact.
- Provide a consultation visit that is timely and informative in accordance with the objectives of the visit.
- Provide advice that is consistent with Official Coding Guidelines and ACS coding policies.
- Abide by the AAPC's and AHIMA's Standards for Ethical Coding and confidentiality tenets.



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- Provide an accurate written report within the timeframe expected. Report turn-around time is determined by the type of outpatient consultation that has been provided. The report, logs, worksheets, and hospital expense reports are uploaded on Sharepoint and assigned to the VP of Outpatient Services as the reviewer.
- Review key information with the client and documenting evidence of such review in the respective report.
- Make recommendations to the hospital during the leadership meetings as to what type of follow-up reviews need to be completed or which departments need to be reviewed next (if there is no specific schedule already created on sharepoint or in Teams OP document).
- Consultant is responsible to place a reminder in the client team bucket to contact client for follow-up or next step reviews.

Additional Responsibilities:

- Each outpatient consultant will review:
 - Each issue of *Coding Clinic for HCPCS and do quiz.*
 - Each issue of *Coding Clinic for ICD-10-CM and do quiz.*
 - Read each CPT Assistant Newsletter
 - Review Monthly and Quarterly OPPS Updates
 - Review National Coverage Determinations as needed for reviews.
 - Review Local Coverage Determinations as needed for the review within the specific state the review is being provided.
 - Keep sharepoint calendar current and ensure billable days are assigned appropriately based on type of review.
- Consultant is to keep the administrative team informed of changes to the schedule, scope of review or hospital practice.
- Consultant is to notify the VP of Outpatient Services immediately if there are compliance concerns or major changes in coding policy or practice, or significant fluctuations in workload that may influence ongoing consultation (too few or too many records for review for 2 or more visits, etc.).
- Analyze annual trend data and make recommendations regarding the scope of review and need for specific education.

Skills & Qualifications:

- Extensive outpatient coding skills and understanding the impact of diagnosis code assignment on risk adjustment.
- Clinical Validation Skills: Apply current industry standard clinical indicators, risk factors and treatment protocols used in clinical validation of payment impacting code assignment. Solid
- command of anatomy, physiology, pathology, laboratory, imaging, pharmacology, disease assessment, management and treatment is required.
- Data Analysis Skills: Evaluate claim denial data or other pertinent hospital data to determine opportunities for improvement and quantify the potential financial impact and risk improvement opportunities.



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- Clinical Documentation Integrity Skills: Apply knowledge of CDI best practice and key performance indicators to guide consultation.
- Excellent written and verbal communication skills
- Interpersonal Skills:
 - Critical thinking
 - Initiative - proactive and self-directed
 - Curious and detail oriented
 - Commitment to continuous learning
- Office products (Word, Excel, Power Point, Outlook)
- Adobe Acrobat
- TruCode encoder
- Sharepoint
- Optum Medical Reference Engine
- AAPC Codify – understand how to calculate risk adjustment score in this platform
- Go-to-Meeting
- Teams

Experience:

- Must have 5+ years of experience in hospital or professional based CPT-4, HCPCS Level II coding/auditing and Outpatient ICD-10-CM coding/auditing experience.
- Knowledge of OPPS reimbursement methodologies, along with thorough knowledge of Medicare reimbursement and billing guidelines.
- Knowledge of NUBC revenue codes, mapping structures and extensive experience with UB-04 claim and payment remittance advice statements are required.
- Knowledge of Medical Necessity of services through the CMS Local and National coverage Determinations
- Knowledge in outpatient code edits, CCI and MUE
- Extensive outpatient denial management knowledge along with knowledge of remittance advice CARC and remarks codes.
- Experience with CMS transmittals and manuals.
- Outpatient CDI experience.
- Risk Adjustment/HCC Coding experience.

Certification and Licensure: CDEO and CRC coding credentials

Work Environment: Home or onsite

Physical Demands: Travel (When travel is required, we make every effort to limit the number of days away from home to two or three days in a week and provide an opportunity for consultant input into the schedule before finalizing with the client). Prolonged periods of sitting at a desk and working on a computer.



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The above job description is not intended to be an all-inclusive list of duties and standards of the position. Incumbents will follow any other instructions, and perform any other related duties, as assigned by their supervisor.

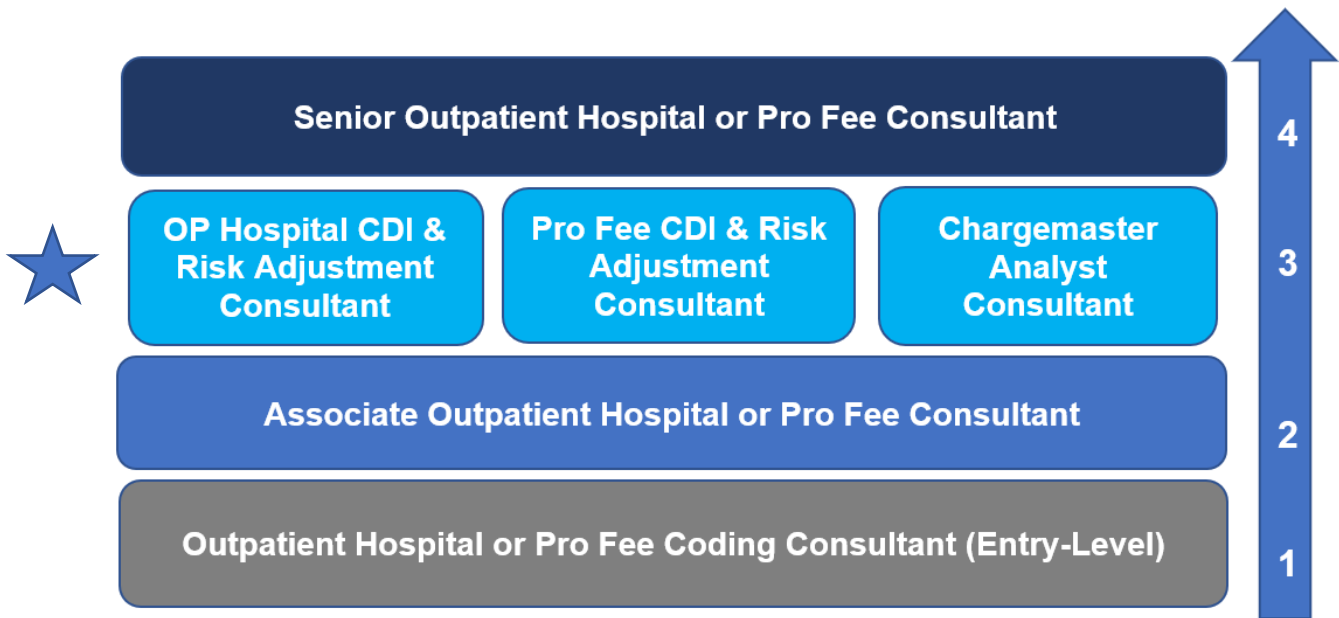
Acknowledged: Supervisor

Date:

Acknowledged: Employee

Date:

Print: Employee Name



Refer to position job descriptions for list of required functions for each step in the career ladder