



# Chargemaster Analyst Consultant

## Job Description

**Job Title:** Chargemaster Analyst Consultant  
**Department:** Hospital  
**Reports to:** VP of Outpatient Services  
**FLSA Status:** Exempt

**Position Summary:** Chargemaster analyst consultants conduct in-depth evaluation of hospital chargemaster files and charge capture assessments. Consultants have expertise in auditing revenue codes, CPT/HCPCS codes, charge descriptions, and modifiers that are assigned to charges in all ancillary departments. The consultant is lead on the charge capture assessment and will assign specific department reviews to other consultants depending on expertise in ancillary department audits. Provide client education after review and based on review findings of the charge capture assessment during department meetings. Consultant delivers webinar, classroom or one-on-one education for department managers, coders, billers, chargemaster coordinator, nursing and other qualified healthcare professionals involved in the charging process. The consultant is responsible for gathering, analyzing and presenting data for hospital leadership, as well as compiling client action plans and reports. Chargemaster consultants must be able to work without direct supervision and understand the need for professionalism and ethics in all situations

### **Essentials of Duties and Responsibilities:**

- 1) Auditing of charges, documentation, coding and billing practices for hospital services to determine improvement opportunities based on official guidelines.
- 2) Evaluation of client hospital chargemasters (overall and department specific) making recommendations for additions, deletions and revisions as needed.
- 3) Provide Medicare charge analysis and Core Based Statistical Area average charge analysis.
- 4) Provide a hospital peer charge comparison for five hospitals of the clients choice.
- 5) Provide classroom or webinar education for hospital staff regarding correct charging, documentation and coding practices for compliant reimbursement.
- 6) Research CMS and other related web sites to keep abreast of regulatory guidance.
- 7) Develop timely client chargemaster reports to describe review results and recommendations for improvement.
- 8) Conduct department CDM meetings.
- 9) Conduct leadership summary meetings.
- 10) Participate in all ACS staff meetings and training sessions (two staff meetings per year with Outpatient Team meetings as needed).

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 the chargemaster file in excel format, records, reports and billing information that will be needed for the charge capture assessment. Request for access to EHR through the access manager and client contact. Request additional reports as needed such as written charge policies, acuity mapping tools, charge volume reports.



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- Provide a consultation visit that is timely and informative in accordance with the objectives of the consult.
- Provide advice that is consistent with Official Guidelines and ACS policies.
- Abide by the AAPC's and AHIMA's Standards for Ethical Coding and confidentiality tenets.
- Provide an accurate written report within the timeframe expected. Report turn-around time is determined by the type of consultation that has been provided. The chargemaster assessments are allowed more report time than individual department assessments. The chargemaster report turn-around times are shown in the ACS type of review on sharepoint calendar entries. 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 meeting as to what type of follow-up reviews need to be completed or which departments need to be re-assessed based on the charge capture assessment.
- Consultant is responsible to place a reminder on the teams hospital bucket to contact client for follow-up reviews.

### Additional Responsibilities:

- Each chargemaster analyst consultant will review:
  - Read each CPT Assistant newsletter
  - Read each Coding Clinic for HCPCS newsletter
  - Review Monthly and Quarterly OPPS & HCPCS Updates
  - Review Annual CPT/HCPCS code additions, deletions and revisions
  - Attend the CPT Symposium and annual chargemaster workshop provided by HCS HealthCare Consulting Solutions (Glenda Schuler) in November.
  - Help keep department chargemaster toolkits up to date annually.
  - Keep sharepoint calendar current and ensure billable days are assigned appropriately based on chargemaster calculation file.
- 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 Business Services and 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:

- Good communication/presentation skills
- Typing and computer skills
- Able to use Optum analyzer and conduct chargemaster analysis



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- Good excel skills to merge files and sort columns and rows
- Report writing abilities
- Organized and Timely
- Able to meet strict deadlines
- Strong interpersonal skills and speaking skills
- Office products (Word, Excel, Power Point, Outlook)
- Optum Chargemaster Analyzer
- Optum Provider Metrics Benchmark Software
- Adobe Acrobat
- TruCode encoder
- Sharepoint
- Optum Medical Reference Engine
- Go-to-Meeting Platform
- Teams

### **Experience:**

- Must have 5+ years of experience in hospital or professional based CPT-4, HCPCS Level II coding and Outpatient ICD-10-CM coding experience for multiple hospital departments.
- 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
- Experience with CMS transmittals and manuals.
- Able to search the cms.gov website for quarterly HCPCS, OCE, and MUE updates
- Able to review department chargemaster files along with coding and billing reviews.

**Certifications and Licensure:** Must have at least one coding credential through AHIMA or the AAPC.

**Work Environment:** Home or onsite

### **Physical Demands**

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.

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Acknowledged: Supervisor

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Date:



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Acknowledged: Employee

Date:

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Print: Employee Name