Associate Hospital Outpatient Consultant
Job Description

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

Position Summary: Outpatient consultants conduct in-depth evaluation of outpatient hospital and billing accuracy and documentation adequacy for accurate reimbursement and risk adjustment. Must maintain an average of 10 billable days per month. Consultant has expertise in various aspects of outpatient documentation, coding, and billing. Providing client education after review and based on review findings. Consultants deliver webinar, classroom or one-on-one education for department managers, coders, billers, CDI specialists, nursing, and physicians. The consultant is responsible for gathering, analyzing, and presenting data for hospital leadership, as well as compiling client action plans and official reports. Outpatient 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 documentation, coding, and billing practices for 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) Evaluation of client hospital chargemasters (overall and department specific) making recommendations for updates as needed (if applicable to position).
4) Assist in the development and facilitation of Clinical Documentation Integrity program for outpatient facility services for clients.
5) Evaluate outpatient facility payment denials for correction and education to client.
6) Provide e-learning, classroom or one-on-one education for providers, 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.
9) 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 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.
- 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 .but generally within 7 days of the last day of the assessment. 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 on the hospital Teams bucket to contact client for follow-up 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.
    - Read OPPS Final Rule
    - Review new, deleted, and revised CPT and HCPCS codes for new year to be able to provide education to clients.
    - Review new, deleted, and revised ICD-10-CM codes for new year to be able to provide education to clients.
    - Keep sharepoint calendar current and ensure billable days are assigned appropriately based on type of review.
    - Monitor PTO days and ensure ½ of PTO time is taken by end of June and the rest are taken by the end of December.

- Consultant is to keep the administrative team informed of changes to the schedule, scope of review or hospital practice.
- Consultant is to notify the President 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
- Report writing abilities
- Organized and Timely
- Able to meet strict deadlines
- Strong interpersonal skills and speaking skills
- Office products (Word, Excel, Power Point, Outlook)
- Adobe Acrobat
- TruCode encoder
- Sharepoint
- Optum Medical Reference Engine
- Go-to-Meeting
- Teams

Experience:

- Must have 5+ years of experience in hospital based CPT-4, HCPCS Level II coding and Outpatient ICD-10-CM coding 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
- Experience with CMS transmittals and manuals.
- Outpatient CDI knowledge.
- Risk Adjustment/HCC Coding experience.

Certification 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.

Acknowledged: Supervisor	Date:
Acknowledged: Employee	Date:

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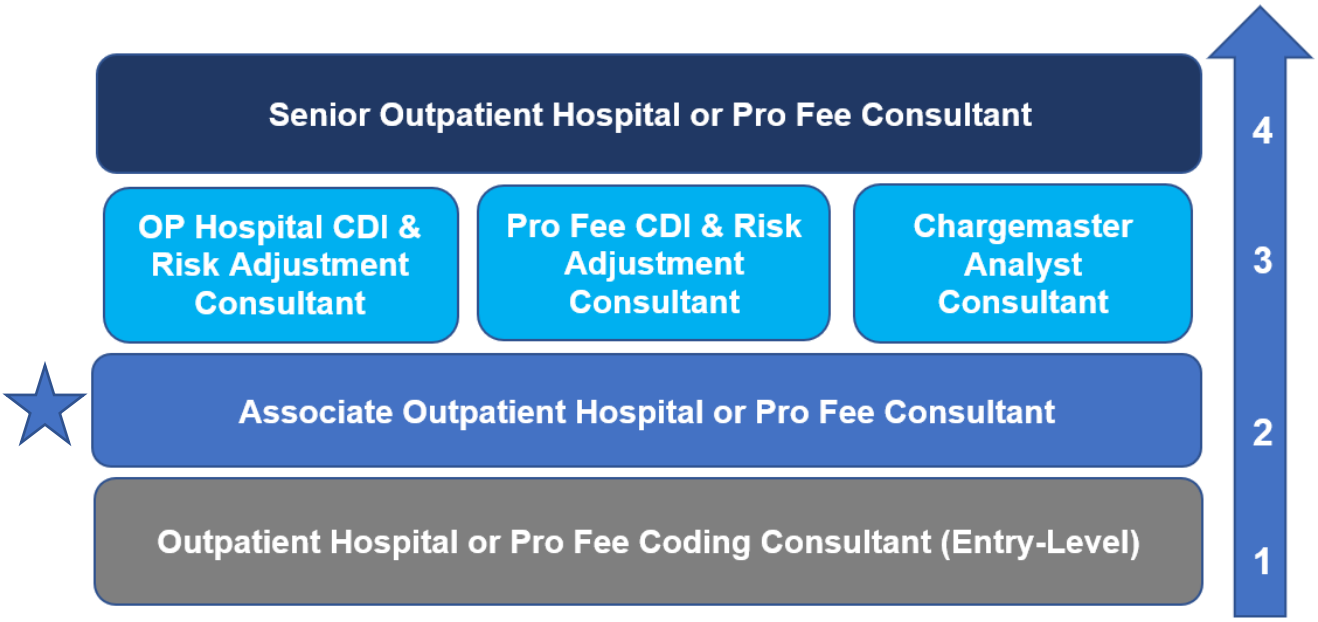
Print: Employee Name



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