

Appendix A

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

This schedule is attached to and a part of these Standards for the above identified occupation.

1. TERM OF APPRENTICESHIP

The term of the occupation shall be competency-based supplemented by the required 360-525 hours of related instruction.

2. RATIO OF APPRENTICES TO JOURNEYWORKERS

The ratio for apprentices will be four (4) apprentice(s) to one (1) mentor/trainer.

3. APPRENTICE WAGE SCHEDULE

Apprentices shall be paid a progressively increasing schedule of wages based on a percentage of the current hospital coder wage rate.

1 Year Term:

1 st	6 months + hours = <u>60%</u>	2 nd	3 months + hours = <u>75%</u>
3 rd	3 months + hours = <u>90%</u>		

4. SCHEDULE OF WORK EXPERIENCE (See attached Work Process Schedule)

The Sponsor may modify the work processes to meet local needs prior to submitting these Standards to the appropriate Registration Agency for approval.

5. SCHEDULE OF RELATED INSTRUCTION (See attached Related Instruction Outline)

Position Description:

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:

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

COMPETENCY	TIME	OJL	COMPONENT 1	COMPONENT 2	COMPONENT 3
Validate coding accuracy using clinical information found in the health record	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification
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)	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification
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])	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification
Resolve discrepancies between coded data and supporting documentation	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification
Communicate with physicians and other care providers to ensure appropriate documentation	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification

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

COMPETENCY	TIME	OJL	COMPONENT 1	COMPONENT 2	COMPONENT 3
Ensure accuracy of diagnostic/procedural groupings such as DRG and APC	<ul style="list-style-type: none"> • Competency Based 		Baseline training	Intermediate training	Completion/Mentors verification certification
Participate in compliance (fraud and abuse), HIPAA (Health Insurance Portability and Accountability Act of 1996), and other organization specific training	<ul style="list-style-type: none"> • Competency Based 	± Ba	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
O*NET-SOC CODE: 29-2071.00 RAPIDS CODE: 2029CB**

HIM Hospital Coder Certificate (Coding), Associate or Baccalaureate Degree in HIM	
Course	Hours
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
Total Hours	360-525