Mission Statement: *"Our goal is to provide education and process development to enhance communication and understanding among all individuals involved in the documentation and coding of the health record to ensure the clinical reliability and integrity of the health care data."*

Title: Professional Fee E/M Auditor   **Date Established: November 2020**

Reports To: Operations Manager, Population Health CDI

Revised Date:

JOB SUMMARY:

The Professional Fee E/M Auditor is responsible for identifying documentation/coding opportunities and compliance risks based on the Official Guidelines for Coding and Reporting, AHA Coding Clinics, disease process, procedure recognition and clinical knowledge.

Demonstrates extensive knowledge of clinical documentation requirements based on coding guidelines that are consistent with CPT, HCPCS, and ICD-10 documentation standards. Demonstrates actions consistent with Enjoin's expectations as duties are performed on a daily basis.

ESSENTIAL FUNCTIONS:

1. Under the direction of the Operations Manager, and following a pre-determined or assigned audit schedule, provide an evidence-based audit of select primary and specialty care E&M and procedural charges to ensure correct coding, legal compliance and complete charge capture.

2. Use current code sets (e.g., CPT, ICD-10-CM, etc.) and other approved resources to evaluate provider documentation on the basis of proper assignment of procedure, modifier, and diagnosis codes of professional services to validate accuracy and compliance.

3. Review of potential coding recommendations and physician query opportunities of selected cases with an Enjoin physician(s).

4. Documents chart review findings and audit details into designated Population Health database or other platform.

5. Maintains high quality data entry and accuracy. Manages data completely and timely upon completion of each member review.

6. Prepares and composes all recommendations in the Enjoin approved format.

7. Chart review production is expected to average no less than 8 encounters per hour.

8. Enjoin's Population Health CDI has a robust quality assurance program requiring CDI Consultants/Auditors to meet 95%, which includes coding, database entry and query writing accuracy.

9. Participate in ongoing refinement of the Population Health CDI assessment and implementation methodology and approach. This includes the following items; development of deliverable templates, workflows, training manuals/content, integration with technology, other on an as needed basis.

10. Maintains Enjoin's HIPAA confidentiality and Corporate Compliance standards.

11. Maintains current knowledge of CPT, HCPCS and ICD-10-CM, as well as E/M guidelines for 1995, 1997 and 2021 standards.

12. Maintains IT access at all client sites that have been assigned by ensuring that log on and passwords have not expired.

13. Assure the accuracy of data, work, or information and contribute ideas and suggestions to improve approaches, methodologies, and productivity.

14. Adheres to a personal plan of professional development and growth through professional affiliations, activities and continuing education.

15. Other duties as assigned.

HOME OFFICE REQUIREMENTS:

- Must have a quiet and secure space when reviewing protected health information (PHI).
- Computer with high-speed internet connection.
- Telephone and printer/fax/scanner.
- Company will provide access to TruCode encoder system and necessary resources to perform job duties.

EDUCATION, TRAINING, AND EXPERIENCE:

- Coding certification from AHIMA and/or AAPC: CCS, CCS-P or CPC, and CPMA or CEMC.
- CCDS, CDIP and/or CDEO certification preferred.
- Medical Terminology, Anatomy & Physiology or Pathophysiology coursework required.
- Minimum of 5 years coding and /or auditing experience with a focus on E/M reviews. Consulting experience preferred.
- Individual must be proficient in HCPCS, CPT and ICD-10 codes coding guidelines and applicable coding clinics.
- Direct experience working as a Clinical Documentation Specialist or in development of CDI program in the acute care and/or ambulatory setting and understanding of CDI program infrastructure, workflow and reporting/metrics, is a plus.
- Experience working remotely required.
- Experience with electronic health records (i.e., Cerner, Meditech, Epic, ECW, etc.) required.
- Excellent oral and written communication skills required.
- Must demonstrate analytical ability, initiative, and resourcefulness.
- Ability to work independently required.
- Excellent planning and organizational skills required.
- Teamwork and flexibility required.
- Be proficient in Microsoft Office Word and Excel

Employee Name:_____

Signature:_____

Date:_____