MEDICAL RECORDS TECHNICIAN  
(Dental Coder)  
GS-675-06

I. INTRODUCTION

This position is located in the Medical Records Department in medical center or hospital which provides a wide variety of specialized health care services, which includes a 24-chair dental unit and oral surgery services.

The purpose of this position is to perform specialized medical record functions of qualitative analysis, auditing pre-coded diagnostic and procedural medical codes, and data entry of health care indicators for all dental and oral surgery services, from a hybrid (paper/electronic) environment, utilizing two (2) computerized health/dental record systems: Resource Patient Management System (RPMS) Patient Care Component (PCC) and Dentrix electronic dental system.

II. MAJOR DUTIES

Analyzing (20%):

1. Performs a comprehensive review of the record to assure the presence of all component parts, such as: correct name, health record number, signatures and dates where required, and the presence of all reports which appear to be indicated by the treatment rendered.
2. Evaluates the record for documentation consistency and adequacy, and correlation of recorded data.
3. Analyzes provider documentation to assure the appropriate dental and procedure codes are assigned.

Coding and Auditing (20%):

1. Audits pre-coded diagnoses and procedure codes applied to the dental visit.
2. Assures that diagnostic and procedural terminology used is consistent with currently acceptable medical nomenclature.
3. Ensures that the final diagnosis as stated by the dentist or oral surgeon is valid and complete, and accurately reflects the care and treatment rendered.
4. Assigns dental codes, when applicable, and sequences codes to ensure dental procedure codes connect with a diagnostic code for each visit.
5. Makes the final determination that the record is complete and accurate, and reflects sufficient data to justify the diagnosis and warrant treatment without infringing on decisions concerning a dentist’s clinical judgment.

Data Entry (40%):

1. Merges ancillary visits with the dental and oral surgery visits for radiology, laboratory and pharmacy into the RPMS PCC system.
2. Manually enters data collected for the Government Performance Result Act (GPRA) into RPMS PCC visit file for all dental visits.
3. Manually enters in required patient education factors for all dental visits into RPMS PCC visit file for all dental visits.
4. Coordinates with Patient Registration to ensure all patients are registered into the RPMS system for all
school-based clinics and mobile dental van services.
5. Ensures that all professional and facility coding from charge tickets are entered in accurately.

Incomplete Record Process: (10%):
1. Generates daily the RPMS Coding Queue Report to process all dental and oral surgery visits.
2. Prints a weekly Visit Review Report (VRR) from RPMS PCC to verify and correct errors for all dental visits.
3. Identifies errors, inconsistencies, discrepancies and/or trends and discusses with the appropriated dental providers, and recommends appropriate modifications to Dentrix entry.
4. Maintains and disseminates an incomplete visit listing for all dental providers on a routine basis.
5. Ensures completion of all Dentrix dental visits are done before final monthly export of data.

Technical Duties (10%):
1. Conducts orientation to all new dentists and dental staff on documentation requirements and medical coding to meet regulatory guidelines.
2. Works with contract coding auditors and revenue team to address documentation issues to optimize third party billing potential.
3. Assists in development and modification of facility coding policies and procedures for dental services.
4. May assist with ambulatory coding of patient visits, as needed.
5. Employee will be involved with performance improvement activity regarding data entry and data quality for coding.

Other duties as assigned:
Some duties not specifically described or included in the Position Description (PD) may be assigned from time to time to meet the departments or facility's objectives and obligations.

III. FACTORS

KNOWLEDGE, SKILLS, AND ABILITIES REQUIRED BY THE POSITION:

1. Practical knowledge of dental and medical terminology and abbreviations; anatomy and physiology, major disease processes and pharmacology.
2. Knowledge of classification systems and references such as the International Classification of Diseases (ICD), American Dental Association (ADA), Current Procedural Technology (CPT), and Evaluation & Management (E&M) for assignment of diagnostic and procedural codes.
3. Knowledge of quantitative and qualitative processes to analyze health information.
4. Knowledge of skills operating computerized medical data entry and information processing systems, such as RPMS PCC, RPMS Patient Registration, and Dentrix computer systems.
5. Skilled in correlating pharmacy, laboratory, radiology, treatments and results with diagnoses.
6. Knowledge of Health Information Management theory, principles, practices, techniques, concepts and policies to analyze the medical and dental record.
7. Oral communication skills to conduct briefings, training, and to converse with all health care providers.
9. Knowledge of The Joint Commission (TJC), CMS, Medicare/Medicaid, IHS Third Party Internal Control policy and IHS policies to ensure the record complies with regulatory requirements.

SUPERVISORY CONTROLS:

Employee works under general supervision of the supervisor, who defines the goals, priorities, deadlines, and informs the staff about changing priorities and unusual deadlines.

The employee carries out assigned responsibilities independently by utilizing available procedures and references. Employee is responsible for the timeliness of assignments. The deadlines for the entry of data must be met each month to ensure accurate statistical information for use in planning, performance improvement research and budgeting. Employee only refers unusual situations to the supervisor.

The work is reviewed for data entry accuracy and conformance to required procedures and any special instructions. Conformity to schedule will be reviewed on the basis of production workload reports, coding queue report, and comments from data users on quality on output work products.

GUIDELINES:

Guidelines include numerous facility policies; accrediting standards (e.g., TJC); Federal and State laws, regulations and policies; Indian Health Service policies (such as the Third Party Internal Control Policy) and established health information procedures. Guidelines are general and do not cover all areas encountered in work performed such as cases involving new diseases, treatments, terminology or drugs. The employee uses considerable judgment in adapting and interpreting the general guidelines for application to specific cases to decide the most appropriate course of action to take. This includes devising new procedures, adapting to new computer technology, and instituting coding and analysis changes. Interpretation of vague or unclear situations in which no precedent has been established is referred to the supervisor.

COMPLEXITY:

The employee makes decisions regarding the proper assignment and sequencing of diagnoses and procedure codes by interpreting and analyzing a variety of medical documentation from different sources. Decisions involve choosing alternatives when standard procedures do not address the situation and may involve contacting staff in other administrative and clinical departments to achieve acceptable solutions. This work involves analyzing and interpreting conditions and elements to correct complicated inconsistencies or discrepancies in the record.

SCOPE AND EFFECT:

Work involves performance of a variety of specialized analysis and coding functions that provide the primary source of data and information used in health care. The incumbent performs a variety of duties that directly impact the accuracy, documentation, timeliness and reliability of health information management services. The work impacts facility accreditation, quality of patient care, reliability of research data, appropriate levels of third party reimbursement and GPRA performance indicators.
PERSONAL CONTACTS/PURPOSE OF CONTACTS:

Contacts are with dentists, dental staff, medical coders, business office staff and representatives of various outside organizations such as Third Party Fiscal Intermediaries, computer software administrators and school health coordinators. The purpose of the contacts is to exchange factual information and to coordinate work efforts and solve technical and policy problems.

PHYSICAL DEMANDS:

The work is primarily sedentary. There may be some walking or carrying of light items such as manuals or files. Good eye/hand coordination is required. The demand of computer terminals and keyboards for a long period of time may cause eye, shoulder and wrist strain.

WORK ENVIRONMENT:

The work environment involves risks and discomforts of a patient care setting including exposure to communicable diseases and also with working with office machinery and computers. Work is performed in a smoke-free office setting. There is adequate light, heat, and ventilation in the work area.

IV. OTHER SIGNIFICANT FACTORS:

Patient privacy and confidentiality is required. Patients’ problems are to be discussed only in the context of assuring professional care. The Privacy Act of 1974 and HIPAA Privacy Rule of 1996, mandates that the incumbent shall maintain complete confidentiality of all administrative, medical and personnel records and all other pertinent information that comes to his/her attention or knowledge. The Privacy Act and HIPAA Privacy carry both civil and criminal penalties for unlawful disclosure of records. Violations of such confidentiality shall be cause for adverse action.

Incumbent may be required to work rotational shifts, evening and weekends.

Position will be physically located in the Dental Department.

This position is covered under the Indian Child Protection Act and is hereby designated an authorized child care position subject to P.L. 101-630 and P.L. 101-647.