

## Position Description

**PD#:** AS110221

**Replaces PD#:**

**Sequence#:** VARIES

### SUPERVISORY MEDICAL RECORDS TECHNICIAN

**GS-0675-09**

**Installation:** FORT BELVOIR VA

**Major Command:**

VARIES

**Region:** NATIONAL  
CAPITAL

**Citation 1:** OPM PCS MED RECORDS TECH SERIES, GS-675, NOV 91

**Citation 2:** OPM GENERAL SCHEDULE SUPERVISORY GUIDE, TS-123, APR 98

**PD Library PD:** NO

**COREDOC PD:** NO

**Classified By:** COL. MALONE, DCA

**Classified Date:** 02/21/2002

**FLSA:** EXEMPT

**Drug Test Required:** VARIES

**DCIPS PD:** NO

**Career Program:** 00

**Financial Disclosure Required:**  
NO

**Acquisition Position:**  
NO

**Functional Code:** 00

**Requires Access to Firearms:**  
VARIES

**Interdisciplinary:** NO

**Competitive Area:**  
VARIES

**Position Sensitivity:** VARIES

**Target Grade/FPL:** 09

**Competitive Level:**  
VARIES

**Emergency Essential:** VARIES

**Career Ladder PD:** NO

**PD Status:** VERIFIED

**Duties:**

**The duties of this position require no specific leadership training.**

## INTRODUCTION

This position functions within the DeWitt Health Care Network (DHCN), a combined inpatient/ambulatory care organization comprised of more than 100 medical departments and ambulatory clinics spread across five geographically separated locations with approximately 3200 inpatient dispositions, 2400 ambulatory procedure visits (APVs), and over 550,000 clinic visits annually.

## DUTIES AND RESPONSIBILITIES:

1. Personnel Management: Directly manages seven (7) Medical Record Technicians GS-675-06/7/8 and provides oversight for five (5) additional contract medical record technicians. Assigns and distributes work to subordinates, establishes priorities, reviews work through spot checks for accuracy and quality. Establishes performance standards and completes employee performance appraisals. Maintains flow and quality of work to assure timely accomplishments of workload. Requests overtime work in extreme backlog situations. Notifies immediate supervisor of recommendations for improvement in work flow, staffing, and procedural changes. Initiates formal requests for personnel actions to fill vacant positions. Approves annual and sick leave for subordinates. Initiates disciplinary actions, adheres to union guidelines etc. Holds monthly meetings to discuss pertinent events. Encourages employees' attendance to training programs to expand and reinforce skills. 35%

2. Coding: Oversees the activities and services of the Ambulatory Coding section in meeting Department of Defense (DOD), Department of Army (DA) and DHCN goals and standards in all ambulatory coding procedures, quality levels and productivity expectations. Reviews and verifies component parts of outpatient records to ensure completeness and accuracy of diagnoses, and special diagnostic and therapeutic procedures which must conform with diagnostic nomenclature requirements of AR 40-66, AR 40-400, Current Procedural Terminology, Dorland's Medical Dictionary, and the Merck Manual. Reviews notes, doctor's orders, consultation reports, laboratory and radiology reports, etc., to ascertain all diagnoses, procedures, and complications are recorded in the proper terminology. Reviews outpatient records for purpose of obtaining all data pertaining to previous reporting of chronic disease conditions, inter-service transfers, patient movement, nature of disposition, and retirement data. Examines case histories of all injury diagnoses to determine nature, causative agent, how, when and where injury was sustained. Determines the appropriate ICD-9-CM diagnosis, Evaluation and Management, and CPT4 procedure codes for diseases, injuries and procedures by selecting from several codes the one which most accurately describes the patient's condition and procedure performed. Determines the appropriate DOD external causes of injury code by selecting the one which most accurately describes the situation which caused the patient's injury. Applies an extensive knowledge of complex medical practice and terminology based on substantial experience in medical record work and interpretation of the coding guidelines provided by PAS&BA and the American Hospital

Association's Coding Clinic to determine if all final diagnoses and procedures are coded correctly.. Any omissions are brought to the attention of the providers for definitive determination. Refers any discrepancies in the sequencing of diagnoses and procedures to the provider for resolution with justification for proposing changes. Ensures that copies are made of all pertinent reports in the transfer records to be maintained at this facility. Utilizes medical references to ascertain correctness of diagnoses, and diagnostic and therapeutic procedures. Reviews content of templates in KG-ADS to ensure diagnoses and procedures meet current coding requirements and are an accurate reflection of the scope and practice for each unique specialty. Recommends changes to the templates.

Supports DHCN's Third Party Collection Program (TPCP) by establishing and maintaining staff educational programs, quality controls and other appropriate measures to help assure accurate coding assignments. TPCP billing is directly based upon the coding assigned by the Ambulatory Coding staff. 50%

3. Coding Analysis: Analyzes a wide range of outpatient medical records pertaining to injuries, diseases, and medical/surgical procedures for qualitative review to ensure internal consistency and completeness, and compliance with applicable Army Regulations and JCAHO accreditation standards. Examine records to ensure documents contain sufficient data to justify the diagnosis and that treatment administered and results obtained are adequately described. Screens records to locate any indications of infections or complications occurring during treatment. Checks and determines whether physical conditions described are normal or abnormal. Recognizes problems and potential problems in record documentation. Contact providers to clarify inconsistencies in data which may require immediate attention. Flags any omissions and refers them to the providers concerned for completion and/or resolution of inconsistencies. One record may need attention by several providers from different departments and the coder must contact each providers. 15%

4. Performs other duties as assigned.

## FACTOR LEVEL DESCRIPTIONS

### FACTOR 1, KNOWLEDGE REQUIRED BY THE POSITION Level 1-6--950 Points

The employee must have knowledge and understanding of recognized reference standards, medical and legal requirements, and regulatory and accrediting agency requirements to perform medical records coding and analysis, and evaluate the adequacy of a medical records coding program. The employee must have knowledge of automated medical records systems, requirements of the Privacy and Freedom of Information Acts, and agency policies about the release of information. Requires skill in applying established principles, concepts, and techniques of medical records administration to perform recurring medical records administration assignments of a procedural and factual nature for which there are standard methods and practices. This level requires knowledge of anatomy and physiology and a practical knowledge of medical procedures and diagnosis. The employee uses knowledge of the basic functions, responsibilities, and

relationships of the various areas within the medical records department to assess and correlate data and verify information. He or she has knowledge of statistics to assess patient workload and establish quality controls. Plans and directs the coding activities within the DeWitt Health Care Network (DHCN), a combined inpatient/ambulatory care organization comprised of more than 100 medical departments and ambulatory clinics spread across five geographically separated locations with approximately 3200 inpatient dispositions, 2400 ambulatory procedure visits (APVs), and over 550,000 clinic visits annually. Regularly provides coding advice and help to management on medical records requirements and standards issued by a variety of coding organizations. Conducts evaluations of departmental coding activities to be sure they meet current professional standards, and makes recommendations for changes. Manages the work flow so production meets time frames and avoids backlogs. Participates on hospital committees which address medical records coding, quality assurance, and utilization review. Keeps current on applicable new technologies. Writes procedures for the medical records coding system. Coordinates efforts with other departments, and prepares estimates of budget, equipment, and staffing needs. There is a recurring need to inform and train others and to update guidance material about the most current protocols.

#### FACTOR 2, SUPERVISORY CONTROLS Level 2-3--275 Points

The supervisor specifies the immediate goals, scope of the assignment, and deadlines. The supervisor also identifies limitations such as budgetary or policy constraints, and helps the employee with unusual situations which do not have clear precedents. The employee independently plans, coordinates, and carries out assignments in accordance with instructions, policies, previous training, or accepted practices in medical records administration. On assignments that may involve controversial matters the employee discusses issues and possible approaches with the supervisor before carrying out the assignment. The supervisor reviews completed work for technical soundness, accomplishment of specific goals, and for conformity to hospital policy and regulatory requirements.

#### FACTOR 3, GUIDELINES Level 3-3--275 Points

General guidelines are available including established procedures and hospital regulations although they are not completely applicable to every situation encountered. The employee uses judgment to: interpret, select, and adapt guidelines and precedents to specific problems; apply established policies and accepted practice in setting up new procedures; and recommend changes to procedures to improve the reliability of data, enhance services, and correct deficiencies.

#### FACTOR 4, COMPLEXITY Level 4-3--150 Points

Assignments consist of a full range of operational problems involving aspects of medical records administration such as quality assurance, risk management, documentation requirements, and case mix analysis. The work involves the analysis and evaluation of a medical records coding program which requires consideration of a variety of factors and possible courses of action to determine the correct solution or approach.

#### FACTOR 5, SCOPE AND EFFECT Level 5-3--150 Points

The purpose of the work is to perform a full range of medical records administration tasks to resolve problems questions, or situations; and to plan, administer, and oversee the implementation of standardized management and use of medical records. It involves review and analysis of coding issues and operational processes and the formulation of recommendations on program improvements or changed operational procedures to meet medical records management goals and agency objectives. The work affects the efficient development and use of medical records which provide medical information necessary to defend against legal claims, help research efforts, support patient treatment, and assure the efficient operation of the medical records system and programs.

#### FACTOR 6, PERSONAL CONTACTS AND FACTOR 7, PURPOSE OF CONTACTS Level 6-1 & 7-b--60 points

Persons Contacted: Employees within the immediate organization or work unit and in related or support units.

Purpose of Contacts: Contacts are to coordinate work efforts and solve technical problems.

#### FACTOR 8, PHYSICAL DEMANDS Level 8-1--5 Points

The work is primarily sedentary. The employee sits comfortably to do the work. However, there may be some walking, standing, or carrying of light items such as manuals or files. The work does not require special physical demands.

#### FACTOR 9, WORK ENVIRONMENT Level 9-1--5 Points

The work environment involves everyday risks or discomforts which require normal safety precautions typical of such places as offices in a medical facility. There is adequate light, heat, and ventilation in the work area.

Total = 1870

#### FACTORS

##### 1. SCOPE AND EFFECT FL1-2 = 350 pts.

The program work directed is typically administrative/technical in nature that provides services to DHCN and it's subordinate organizations. The purpose of the work is to

perform a full range of medical records administration tasks to resolve problems questions, or situations; and to plan, administer, and oversee the implementation of standardized management and use of medical records. It involves review and analysis of coding issues and operational processes and the formulation of recommendations on program improvements or changed operational procedures to meet medical records management goals and agency objectives. The work affects the efficient development and use of medical records which provide medical information necessary to defend against legal claims, help research efforts, support patient treatment, and assure the efficient operation of the medical records system and programs.

2. ORGANIZATIONAL SETTING FL 2-1 = 100 pts.

The position is a first line supervisor. The position is accountable to a position that is two or more levels below the first higher level position in the direct supervisory chain.

3. SUPERVISORY AND MANAGERIAL AUTHORITY EXERCISED FL 3-2 = 450 pts.

Plan and schedule ongoing production-oriented work on a daily, quarterly and annual basis, and direct assignments of similar duration. Adjust staffing levels or work procedures within the Ambulatory Coding Section to accommodate resource allocation decisions made at higher echelons. Justify the purchase of new equipment. Improve work methods and procedures used to produce work products. Oversee the development of technical data, estimates, statistics, suggestions, and other information useful to higher level managers in determining which goals and objectives to emphasize. Decide the methodologies to use in achieving work goals and objectives, and in determining other management strategies. Plans work to be accomplished by subordinates; provides counsel and advice, making recommendations for promotion, reassignment or removal. Interviews applicants for positions; resolves employee's issues; effects disciplinary actions and develops innovative ways to improve work quality/production.

4. CONTACTS: NATURE AND PURPOSE FL 4A-2 = 50 pts. & FL 4B-2 = 75 pts.

Nature: Contacts are with physicians, health care providers of various disciplines, higher ranking managers, supervisors, leaders, and administrative staff within the DeWitt Health Care Network and co-workers within Patient Administration. Similar contacts are with counterparts in other medical facilities concerning situations involving record coding and analysis.

Purpose: Contacts are for the purpose of discussing documentation, ICD-9-CM and CPT4 coding, E&M issues; advising hospital staff of the requirements of the Joint Commission on Accreditation of Healthcare Operations (JCAHO) for medical completion and transcription; advising hospital personnel of the various policies pertaining to the operation of the Ambulatory Coding Section. Ensures that information provided to outside parties is accurate and consistent.

5. DIFFICULTY OF TYPICAL WORK DIRECTED FL 5-3 = 340 pts.

6. OTHER CONDITIONS FL 6-2 = 575 pts.

The work supervised involves technician/clerical work comparable in difficulty to GS-06.

The incumbent has full and final technical authority over the work accomplished.

TOTAL = 1940 points  
1855-2100 GS-09

Evaluation:

**Evaluation:**

Not Listed