

PART I	HAWAII HEALTH SYSTEMS CORPORATION	4.125
	STATE OF HAWAII	4.126
		4.127
		4.128

Class Specifications  
for the classes:

CODER I, II, III & IV  
SR-13; SR-15; SR-17; SR-19  
BU:03

CODER I 4.125

Duties Summary:

A certified coder-associate or apprentice, who assigns accurate and descriptive codes from the listings of the current ICD-CM/PCS, CPT-4 and HCPCS for diagnoses, procedures and other services, and abstracts clinical data in a health information management department for a hospital or allied medical care facility; and performs other related duties as required.

Distinguishing Characteristics:

This class is the entry-level of this series, which assigns current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services, and abstracts clinical data for reports and summaries.

An incumbent of a position in this class works under close and frequent review of work performed in accordance with established policies, guidelines, standards and procedures; supervision is relaxed on assignments of a very simple nature, but is close and immediate on assignments of a more difficult and complex nature. A higher level coder may provide technical guidance and is typically supervised by a health information management specialist/administrator.

Typical Duties:

Coding, abstracting and sequencing the classification of medical and surgical procedures, professional services, diagnosis, supplies and treatment modalities; assigns current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services; reviews and analyzes medical records to assure the records are complete and accurate; notes omissions, errors or inconsistencies and refers them to physicians for completion; cross indexes data; prepares abstracts of pertinent information; releases information from medical records as needed according to established procedures and with proper approval; compiles various statistics, including

the hospital's activity, information on reportable diseases for public health authorities and others; assists the medical staff by preparing special studies and tabulating data from records for research; follows coding guidelines to review and analyze medical records; may take medical records to court; and may be required to take and transcribe dictation.

Knowledge and Abilities Required:

Knowledge of International Classification of Diseases, Current Edition, Clinical Modification and Procedural Coding System (ICD-CM/PCS), American Medical Association, Current Procedural Terminology (CPT-4) Coding system, and Healthcare Common Procedure Coding System (HCPCS); nature and uses of medical records; medical terminology; established health information management classification, filing and indexing systems; the use of computer equipment and software applications; and office practices and procedures.

Ability to analyze medical records; prepare reports and summaries from medical records; understand and apply established health information management policies, guidelines, standards and procedures; perform arithmetic computations; use of computers, word processing and other software applications; follow oral and written instructions, and deal tactfully and effectively with others. Certain positions in this class may require that candidates take dictation at the rate of 90 words per minute and transcribe such dictation accurately.

CODER II

4.126

Duties Summary:

A certified coder-physician based, who assigns accurate and descriptive codes from the listings of the current ICD-CM/PCS, CPT-4 and HCPCS for diagnoses, procedures and other services, and abstracts clinical data for a clinic or allied medical care facility; and performs other related duties as required.

Distinguishing Characteristics:

This class is the independent-level of this series, which demonstrates competency in assigning current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services, and abstracts clinical data for reports and summaries. The coder possesses expertise in physician-based settings such as physician offices, group practices, multi-specialty clinics or specialty centers. It may also involve responsibility

for taking medical records to court and for coordinating the flow of health information activities to all departments of the clinic.

An incumbent of a position in this class works under the general supervision of a higher level coder and/or health information management specialist/administrator. Performs work independently, receiving specific guidance only in new or usual situations and follows established policies, guidelines, standards and procedures.

Typical Duties:

Coding, abstracting and sequencing the classification of procedures, professional services, diagnosis, supplies and treatment modalities; assigns current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services; reviews and analyzes medical records to assure the records are complete and accurate; notes omissions, errors or inconsistencies and refers them to physicians for completion; cross indexes data; prepares abstracts of pertinent information; releases information from medical records as needed according to established procedures and with proper approval; compiles various statistics, including the clinic's or facility activity, information on reportable diseases for public health authorities and others; assists the medical staff by preparing special studies and tabulating data from records for research; follows coding guidelines to review and analyze medical records; may type medical reports of operations, x-ray or laboratory examinations, or special treatments given to patients; may take medical records to court; and may be required to take and transcribe dictation.

Knowledge and Abilities Required:

Working knowledge of International Classification of Diseases, Current Edition, Clinical Modification and Procedural Coding System (ICD-CM/PCS), American Medical Association, Current Procedural Terminology (CPT-4) Coding system, and Healthcare Common Procedure Coding System (HCPCS); nature and uses of medical records; medical terminology; knowledge of anatomy and physiology; established health information management classification, filing and indexing systems; the use of computer equipment and software applications; and office practices and procedures.

Ability to analyze medical records; prepare reports and summaries from medical records; understand, interpret and apply established health information management policies, guidelines, standards and procedures; perform arithmetic computations; proficient use of computers, word processing and other software applications; follow oral and written instructions, and deal tactfully and effectively with others. Certain positions in this class may require that candidates take dictation at the rate of 90 words per minute and transcribe such dictation accurately.

### CODER III

4.127

#### Duties Summary

This class is generally of two types:

- A: A certified coder-hospital, who assigns accurate and descriptive codes from the listings of the current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services, and abstracts clinical data for a health information management department in a hospital, and performs other related duties as required.
  
- B. Dual certified coder - certified coder-physician based, who assigns accurate and descriptive codes from the listings of the current ICD-CM/PCS, CPT-4 and HCPCS for diagnoses, procedures and other services, and abstracts clinical data for a clinic or allied medical care facility **and** certified coder-hospital, who assigns accurate and descriptive codes from the listings of the current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services, and abstracts clinical data for a health information management department in a hospital; and performs other related duties as required.

#### Distinguishing Characteristics:

This class is the independent-level of this series, which demonstrates competency in assigning current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services and abstracts clinical data for reports and summaries. The coder possesses expertise in the current ICD-CM/PCS coding system and the surgery section within the CPT coding system. The dual coder also possesses expertise in physician-based settings such as physician offices, group practices, multi-specialty clinics or specialty centers. It may also involve responsibility for taking medical records to court and for coordinating the flow of health information activities to all departments of the clinic.

An incumbent of a position in this class works under the general supervision of a higher level coder and/or health information management specialist/administrator. Performs work independently, receiving specific guidance only in new or usual situations and follows established policies, guidelines, standards and procedures.

#### Typical Duties:

Coding, abstracting and sequencing the classification of procedures, professional services, diagnosis, supplies and treatment modalities; assigns current ICD-CM/PCS,

CPT-4 and HCPCS codes for diagnoses, procedures and other services; reviews and analyzes medical records for completeness and accuracy according to established standards and guidelines; notes omissions, errors or inconsistencies and refers them to physicians for completion; cross indexes data; prepares abstracts of pertinent information; releases information from medical records according to established procedures and with proper approval; compiles various statistics, including the hospital's and/or clinic's activity, information on reportable diseases for public health authorities and others; assists the medical staff by preparing special studies and tabulating data from records for research; follows coding guidelines to review and analyze medical records; types medical reports of operations, x-ray or laboratory examinations, or special treatments given to patients; takes medical records to court; may be required to take and transcribe dictation; may provide guidance to the Coder I & II.

Knowledge and Abilities Required:

Thorough knowledge of International Classification of Diseases, Current Edition, Clinical Modification and Procedural Coding System (ICD-CM/PCS), American Medical Association, Current Procedural Terminology (CPT-4) Coding system, and Healthcare Common Procedure Coding System (HCPCS); nature and uses of medical records; medical terminology; knowledge of disease processes and pharmacology; established health information management classification, filing and indexing systems; the use of computer equipment and software applications; strong analytical skills and office practices and procedures.

Ability to code accurately and apply coding guidelines; analyze medical records; prepare reports and summaries from medical records; review, interpret and apply established health information management policies, guidelines, standards and procedures; perform arithmetic computations; proficient use of computers, word processing and other software applications; follow oral and written instructions, and deal tactfully and effectively with others. Certain positions in this class may require that candidates take dictation at the rate of 90 words per minute and transcribe such dictation accurately.

CODER IV

4.128

Duties Summary:

A certified coder-hospital or a dual certified coder (certified coder-physician based and certified coder-hospital) who supervises and performs highly complex coding activities utilizing the current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services and abstracts clinical data for reports and summaries for a health

information management department of a hospital or allied medical care facility; and performs other related duties as required.

Distinguishing Characteristics:

This class involves responsibility for supervising and performing highly complex coding activities which include assigning current ICD-CM/PCS, CPT-4 and HCPCS codes for diagnoses, procedures and other services; abstracts clinical data for reports and summaries; provide lead supervision for the day-to-day operations of a health information management department; for taking medical records to court; and for coordinating the flow of coding activities to all departments of the hospital.

The work is performed with minimal supervision from a health information management specialist/administrator. The position is expected to be sufficiently expert in knowledge and judgment to warrant only cursory review of the work.

Supervision is exercised over lower-level coders and clerical personnel by making work assignments, spot-checking completed work and evaluating work performance.

Typical Duties:

Supervises and performs highly complex coding activities such as current ICD-CM/PCS and CPT-4 coding of emergency department, same day surgery, inpatient technical and/or professional records and clinical services; makes work assignments to employees, spot-checks completed work and evaluates work performance; selects and trains subordinate personnel; maintains the flow of coding activities to all departments of the hospital or clinic; ensures that coders have appropriate health information management system available; reviews and analyzes medical records for completeness and accuracy according to established standards and guidelines, and transcribes diseases and operations into the proper coding symbols; notes omissions, errors or inconsistencies and refers them to physicians for completion; cross-indexes data; supervises the filing, microfilming and archiving of medical records; types medical reports of operations, x-ray or laboratory examinations, or special treatments given to patients; prepares abstracts of pertinent information; releases information from medical records according to established procedures and with proper approval; compiles statistics of many kinds, including the hospital's daily census, information on reportable diseases for public health authorities and others; assists the medical staff by preparing special studies and tabulating data from records for research; takes medical records to court; may be required to take and transcribe dictation.

Knowledge and Abilities Required:

Knowledge of: Principles and practices of supervision; thorough knowledge of International Classification of Diseases, Current Edition, Clinical Modification and

Procedural Coding System (ICD-CM/PCS), American Medical Association, Current Procedural Terminology (CPT-4) Coding system, and Healthcare Common Procedure Coding System (HCPCS); nature and uses of medical records; medical terminology; knowledge of disease processes and pharmacology; established health information management classification, filing and indexing systems; the use of computer equipment and software applications; strong analytical and organizational skills and office practices and procedures.

Ability to: Plan, assign and review the work of others; code accurately and apply coding guidelines; analyze medical records; prepare reports and summaries from medical records; review, interpret and apply established health information management policies, guidelines, standards and procedures; perform arithmetic computations; deal tactfully and effectively with others; proficient use of computers, word processing and other software applications; work without supervision; strong written and oral communication skills, and deal tactfully and effectively with others. Certain positions in this class may require that candidates take dictation at the rate of 90 words per minute and transcribe such dictation accurately.

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This is an amendment to the class specifications for the classes, CODER I - IV, due to the delay of the implementation of ICD-10 to October 2014, effective February 6, 2014.

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This is an amendment to the class specification for the classes, Coder I – IV, to change the coding language to ICD-10, effective February 10, 2012.

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This is the first class specification for the classes, Coder I - IV.

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DATE APPROVED: February 6, 2014

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Interim Director of Human Resources