

DRG – Appeals Specialist

Versalus Health

Job Location: Newtown Square, PA
(with remote opportunities available)

Full Time

JOB DESCRIPTION

The DRG Appeals Specialist performs reviews of inpatient DRG payer denials on behalf of our hospital client partners. Responsibilities include reviewing denial letters, determination and data entry of audit recommendations, and responsibility for professional and effective appeal responses that are submitted timely under payer timeframes.

JOB RESPONSIBILITIES

- Performs comprehensive reviews of inpatient medical records to validate the MS/APR DRGs assigned for Medicare, Commercial, and Third-Party paid claims.
- Validates that all ICD-10-CM/PCS, discharge disposition codes, and Hospital Acquired Condition (HAC), Present on Admission (POA) indicators impacting payment are documented, clinically supported, and assigned following Official Coding Guidelines, compliant query practices and current clinical validation criteria.
- Utilizes audit reference tools and applications (e.g., proprietary denials management application, TruCode, and 3M encoder and grouper software and references).
- Reviews denial letters rationale and formulates custom appeal response letters utilizing strong critical thinking skills to independently access cases for strengths and weaknesses within the appeals spectrum. Constructs and documents a brief and fact-based case utilizing compelling clinical evidence from the medical record; supported by current industry clinical guidelines, evidence-based medicine, and official coding guidelines. Applies strong writing and grammar skills to formulate professional appeal letters that clearly support each appeal argument.
- Accurately abstracts denial audit findings into our proprietary application in accordance with standard procedures.
- Maintains subject matter expertise in clinical validation criteria and practices, ICD-10-CM/PCS code sets, coding guidelines, clinical documentation integrity, and inpatient payment methodologies.
- Attends continuing education workshops, webinars, etc., for coding and documentation integrity and compliance.
- Other responsibilities as assigned. Duties may be subject to change at any time at the discretion of management, formally or informally, verbally or in writing.

EDUCATION/EXPERIENCE

- RN/RHIA/RHIT required.
- CCS will be required after one year of employment. (Assistance is available for preparation.)
- CDIP or CCDS is highly preferred.
- Certifications and/or professional license must be maintained as a condition of employment.
- A minimum of 5 years of experience in any of the following roles:
 - Inpatient coding quality assurance
 - DRG validation
 - DRG appeal
 - Clinical Documentation Integrity (CDI) as a Clinical Documentation Specialist (CDS), Educator, or Manager

For More Information/ To Apply:

<https://versalushealth.com/job-openings/drq-appeals-specialist/>