



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
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October 26, 2021

## MEMORANDUM

**TO:** Hospital Administrator/CEO *[Signature]* 10/28/2021

**VIA:** Chief Financial Officer, Fiscal Services *[Signature]*

**FROM:** Personnel Services Administrator, Acting

**SUBJECT:** Petition for Amendment of Position – Amendment of Minimum Qualification and Necessary Special Qualification Requirements  
RE: Medical Records Coder I and II Positions

Hafa Adai! This is to request your approval to amend the minimum qualification and necessary special qualification requirements of both the Medical Records Coder I and Medical Records Coder II positions (see existing standards provided). The Medical Records Coder position was first established in November of 1993 by the Guam Civil Service Commission and then the Medical Records Coder I and II positions were established by the Board of Trustees during the tenure of Mr. Lee Weber as Chairman of the Board of Trustees. Currently, the positions are difficult to recruit for and GMHA recognizes the need to update the job requirements to better align the two positions and clarify the acceptable certification, training, and experience requirements to become a medical coder at the entry-level position as well as at the skilled-level position.

The main distinction in qualifications between the two positions is that at the entry-level, one year of medical coding experience or a course in medical coding are sufficient for eligibility, whereas at the skilled level, an applicant must have obtained certification as a medical coder in at least one of five or more options to include medical coding experience or the completion of a medical coder course.

The proposed change to the minimum qualification and necessary special qualification requirements for each position illustrated as follows:

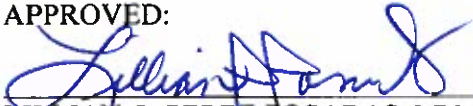
| Position Title          | Current Minimum Experience and Training   | Proposed Minimum Experience and Training  |
|-------------------------|---|---|
| Medical Records Coder I | Graduation from High School or successful completion of a General Equivalent (GED) Test; or any equivalent completion of a certification program, from a recognized accredited or certified vocational technical institution, in a specialized field required for the job and three (3) years of experience working as a medical coder in an outpatient and/or inpatient setting including experience with ICD-9 and ICD-10 coding requirements and guidelines. | <p>A. Graduation from High School or successful completion of a General Equivalent Development (GED) Test and one (1) year of medical records coding experience related to patient records using ICD-10-CM, ICD-10-PCS, and the CPT-4 coding systems or completion of an ICD-10-PCS or ICD-10-CPT course from an accredited professional coding organization or other approved coding certification program; or</p> <p>B. Any equivalent combination of experience and training which provides the minimum knowledge, abilities and skills.</p> |

| <b>Position Title</b>           | <b>Current Necessary Special Qualification</b>  | <b>Proposed Necessary Special Qualification</b>  |
|---------------------------------|---|--|
| <b>Medical Records Coder I</b>  | Possession of a certificate of completion of ICD-9 and/or ICD-10 coding course.   | N/A  |
| <b>Position Title</b>           | <b>Current Minimum Experience and Training</b>  | <b>Proposed Minimum Experience and Training</b>  |
| <b>Medical Records Coder II</b> | Graduation from High School or successful completion of a General Equivalent (GED) Test; or any equivalent completion of a certification program, from a recognized accredited or certified vocational technical institution, in a specialized field required for the job and one (1) year experience working as a medical coder in an outpatient and/or inpatient setting including experience with ICD-9 and ICD-10 coding requirements and guidelines. | <p>A. Graduation from High School or successful completion of a General Equivalent Development (GED) Test and one (1) year of medical records coding experience related to patient records using ICD-10-CM, ICD-10-PCS, and the CPT-4 coding systems or completion of an ICD-10-PCS or ICD-10-CPT course from an accredited professional coding organization or other approved coding certification program; or</p> <p>B. Any equivalent combination of experience and training which provides the minimum knowledge, abilities and skills.</p>  |
| <b>Position Title</b>           | <b>Current Necessary Special Qualification</b>  | <b>Proposed Necessary Special Qualification</b>  |
| <b>Medical Records Coder II</b> | Coding certification from an accredited professional coding organization, such as the American Health Information Management Association (AHIMA) as a Certified Coding Specialist (CCS) or from the American Association of Professional Coders (AAPC) as a Certified Professional Coder (CPC).   | <p>An active/current coding certification from an accredited professional coding organization such as the American Health Information Management Association (AHIMA), American Association of Professional Coders (AAPC) or other approved coding certification program. Certifications accepted include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Certified Professional Coder (CPC) – AAPC</li> <li>• Certified Outpatient Coder (COC) – AAPC</li> <li>• Certified Inpatient Coder (CIC) – AAPC</li> <li>• Certified Coding Specialist (CCS) – AHIMA</li> <li>• Certified Coding Specialist Physician Based (CCS-P) – AHIMA.</li> </ul> |

If you have any questions, please do not hesitate to call on me. A copy of the proposed amended job standards for the Medical Records Coder I and II positions are attached. Si Yu'os Ma'ase!

  
TARYN C. GUZMAN

APPROVED:

 10/28/2024  
LILLIAN Q. PEREZ-POSADAS, MN, RN Date  
Hospital Administrator/CEO

Attachments

**MEDICAL RECORDS CODER I  
(Proposed Amendment)**

**NATURE OF WORK IN THIS CLASS**

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

**ILLUSTRATIVE EXAMPLES OF WORK:** (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed.)

Assigns ICD-10-CM diagnostic, procedural codes to inpatient records, assigns ICD-10-CM diagnostic, procedural, and CPT codes to outpatient records.

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician, add diagnoses as necessary and/or change an incorrectly described diagnosis.

Enters abstracted data and assigned diagnostic and procedural codes into the computer in an accurate and timely manner.

Generates timely reports on the abstracted data and makes recommendations for improvement to the Medical Health Records Administrator.

Applies quality improvement and volume indicators to the coding, abstracting, and reports generated.

Reads materials, views educational films, and attends meetings and workshops pertinent to coding of patient health records.

Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as assigned.

**MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:**

Knowledge of the principles and practices of ICD-10-CM, ICD-10-PCS and the CPT-4 coding systems.

Knowledge of anatomy, physiology, and their application to medical science.

Knowledge of hospital rules governing medical record practices.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent federal, state, local laws, and regulatory guidelines relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

Must be detail oriented and self-motivated.

**MINIMUM EXPERIENCE AND TRAINING:**

- A. Graduation from High School or successful completion of a General Equivalent Development (GED) Test and one (1) year of medical records coding experience related to patient records using ICD-10-CM, ICD-10-PCS, and the CPT-4 coding systems or completion of an ICD-10-PCS or ICD-10-CPT course from an accredited professional coding organization or other approved coding certification program; or
- B. Any equivalent combination of experience and training which provides the minimum knowledge, abilities and skills.

ESTABLISHED: November 1993

AMENDED:

PAY GRADE/PLAN: J (GPP)

**HAY EVALUATION**

|                  |          |           |
|------------------|----------|-----------|
| KNOW HOW:        | DI1      | 152       |
| PROBLEM SOLVING: | C3 (25%) | 38        |
| ACCOUNTABILITY:  | CNIV     | <u>50</u> |
| TOTAL POINTS -   |          | 240       |

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**THERESA OBISPO, Chairperson  
Board of Trustees**

**MEDICAL RECORDS CODER II  
(Proposed Amendment)**

**NATURE OF WORK IN THIS CLASS**

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

**ILLUSTRATIVE EXAMPLES OF WORK** (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed)

Assigns ICD-10-CM diagnostic, procedural codes to inpatient records; assigns ICD-10-CM diagnostic, procedural, and CPT codes to outpatient records.

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 10th Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician, add diagnoses as necessary and/or change an incorrectly described diagnosis.

Enters abstracted data and assigned diagnostic and procedural codes into the computer in an accurate and timely manner.

Generates timely reports on the abstracted data and makes recommendations for improvement to the Medical Health Records Administrator.

Applies quality improvement and volume indicators to the coding, abstracting, and reports generated.

Reads materials, views educational films, and attends meetings and workshops pertinent to coding of patient health records.

Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as assigned.

**MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:**

Knowledge of the principles and practices of ICD-10-CM, ICD-10-PCS and the CPT-4 coding systems.

Knowledge of anatomy, physiology, and their application to medical science.

Knowledge of hospital rules governing medical record practices.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent federal, state, local laws, and regulatory guidelines relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement.

Ability to work effectively with employees and the public.

Ability to communicate effectively, orally and in writing.

Ability to maintain records and prepare reports.

Must be detail oriented and self-motivated.

**MINIMUM EXPERIENCE AND TRAINING:**

- A. Graduation from High School or successful completion of a General Equivalent Development (GED) Test and one (1) year of medical records coding experience related to patient records using ICD-10-CM, ICD-10-PCS, and the CPT-4 coding systems or completion of an ICD-10-PCS or ICD-10-CPT course from an accredited professional coding organization or other approved coding certification program; or
- b. Any equivalent combination of experience and training which provides the minimum knowledge, abilities and skills.

**NECESSARY SPECIAL QUALIFICATION REQUIREMENT:**

An active/current coding certification from an accredited professional coding organization such as the American Health Information Management Association (AHIMA), American Association of Professional Coders (AAPC) or other approved coding certification program. Certifications accepted include but are not limited to the following:

- Certified Professional Coder (CPC) – AAPC
- Certified Outpatient Coder (COC) – AAPC
- Certified Inpatient Coder (CIC) – AAPC
- Certified Coding Specialist (CCS) – AHIMA
- Certified Coding Specialist Physician Based (CCS-P) – AHIMA

ESTABLISHED: November 1993

AMENDED:

PAY GRADE/PLAN: K (GPP)

**HAY EVALUATION**

|                  |         |           |
|------------------|---------|-----------|
| KNOW HOW:        | DI2     | 175       |
| PROBLEM SOLVING: | C3(29%) | 50        |
| ACCOUNTABILITY:  | CNIV    | <u>57</u> |
| TOTAL POINTS -   |         | 282       |

## MEDICAL RECORDS CODER I

### NATURE OF WORK IN THIS CLASS

This is technical work involved in coding and abstracting of in-patient, ambulatory surgery, urgent care, emergency room, skilled nursing unit and out-patient services health records.

Employees in this class are responsible for coordinating the data abstracted.

ILLUSTRATIVE EXAMPLES OF WORK (Any one position may not include all the duties listed, nor do the examples cover all the duties which may be performed)

Codes all diagnoses and procedures on in-patient, ambulatory, urgent care, emergency room, skilled nursing unit and out-patient charts using the International Classification of Diseases, 9th Revision: Clinical Modification (ICD-9-CM), the International Classification of Diseases, 10<sup>th</sup> Revision: Clinical Modification (ICD-10), Current Procedural Terminology (CPT), Health Care Financing Administration's Common Procedural Coding System (HCPCS), Uniform Hospital Discharge Data Set (UHDDS) definitions and established sequencing guidelines.

Ensures that all data in patients' charts are complete and accurate for assigning of ICD-9-CM, ICD-10-CM, CPT and HCPCS codes by working closely with the medical staff to clarify entries in the patients' charts, and when directed by the physician add diagnoses as necessary, and/or change an incorrectly described diagnosis.

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Applies computer knowledge and experience to strengthen and continue to build a strong automated management information system.

Respects each patient's right to privacy, particularly the privacy of the medical record and safeguards the confidential information of each patient record.

Performs related duties as required and/or assigned.

MINIMUM KNOWLEDGE, ABILITIES AND SKILLS:

Knowledge of the principles and practices of ICD-9-CM, ICD-10-CM, CPT, and HCPCS coding.

Knowledge of anatomy, physiology, and their application to medical science.

Knowledge of hospital rules governing medial record practices.

Knowledge with computer use.

Knowledge with clinical encoders and groupers.

Ability to interpret and apply pertinent Federal, State and Local laws and regulatory guidelines, relative to coding and abstracting of patient information.

Ability to operate manual and automated systems and to enhance their effectiveness.

Ability to participate in on-going coding training and advancement.

Ability to work effectively with employees and the public.

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Ability to maintain records and prepare reports.

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NECESSARY SPECIAL QUALIFICATION REQUIREMENT:

Possession of a certificate of completion of ICD-9 and/or ICD-10 coding course.

*Francis Mantavona for Lee Webber*  
LEE P. WEBBER  
Chairman, Board of Trustees

|       |         |     |
|-------|---------|-----|
| KH:   | DI1     | 152 |
| PS:   | C3(25%) | 38  |
| ACCT: | CNIV    | 50  |
|       |         | 240 |
| PG:   | J       |     |



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*Francis Maufanona for Lee Webber*  
LEE P. WEBBER  
Chairman, Board of Trustees

|       |         |     |
|-------|---------|-----|
| KH:   | DI2     | 175 |
| PS:   | C3(29%) | 50  |
| ACCT: | CNTV    | 57  |
|       |         | 282 |
| PG:   | K       |     |