



United States Office of Personnel Management

Office of Merit Systems Oversight and Effectiveness
Digest of Significant Classification Decisions and Opinions
June 2000
Article No. 24-05

Standard: Medical Records Technician, GS-675 (November 1991)

Factor: Factor 1, Knowledge required by the position

Issue: Significance of quality assurance and special studies

Identification of the Classification Issue

This issue arose in OPM's adjudication of appeals from Medical Records Technicians, GS-675, at a facility servicing a medium sized population. The appellants worked in a health service that provided immediate care to about 70 patients daily. Medical staff at the service referred patients to local hospitals for specialized treatment or surgery. Patients with serious or chronic medical problems were housed in and serviced by other specialized facilities. The appellants believed their prominent roles on the health service's quality assurance team, their participation in cost saving studies, and their record keeping advice to doctors and nurses exemplified Level 1-5 knowledge.

Resolution

Specialized studies, quality assurance reviews, and medical registry maintenance can involve higher graded work when the underlying tasks go beyond extracting information from various sources and require higher skill in classifying medical conditions and in applying complicated analytical techniques. More knowledgeable technicians, for example, assist professionals in retrieving data for research, diagnostic, and teaching purposes. They apply complicated case-mix algorithms, link multiple sources of information from databases and records, or run statistical analyses requiring special training. They exercise greater knowledge and skill by helping researchers conduct large-scale studies to identify the kinds of patients likely to develop a disease, the effectiveness of existing treatments, the types and rates of complications, and the costs of medical care associated with the disease.

The appellants did not assist clinical researchers in such studies. They did not use complicated techniques to analyze the health service's records. Rather, they summarized cost data to identify and control medical expenses for a small patient population. Their quality assurance studies were essentially a repetition of each other's original work. That is, they analyzed records to identify and resolve common inconsistencies or discrepancies in medical documentation. The studies required application of the same knowledge as when the work was first performed. The appellants did not maintain special registries, such as those under the National Cancer Institute's Surveillance, Epidemiology, and End Results Program. Therefore, they had no opportunity to apply the higher knowledge and skill associated with registry maintenance.

The appellants' coding of the general health care for a small population, even when coupled with their coding of specialized treatments given at local hospitals, lacked the subtleties involved in cancer registry coding or the dilemmas presented in coding experimental treatments at teaching and research facilities. Such facilities see many critically ill patients and use novel diagnostic and treatment methods. Medical Records Technicians at these facilities maintain comprehensive medical records and code many diagnoses and treatments. The greater number of specialties and health care providers at these facilities, as well as the new diagnostic and therapeutic services they offer, further complicate the analysis and coding of records. The health service where the appellants worked lacked such complicating features. Therefore, Level 1-4 was credited.

Link to [C-0675-06-02](#)