Job Summary

The Medical Coder will be responsible for obtaining accurate and complete documentation in the medical record for accurate and ethical medical code assignment. The medical coder will communicate with the business office team to ensure productivity, quality and operational goals are met, and serve as a resource to physicians and staff with specific coding and compliance questions. Abstracts medical and demographic information for each patient record and assigns the correct ICD-10-CM, CPT, HCPCS or other specified classification systems for the purpose of reimbursement, research, and compliance with federal regulations. Acts as liaison with medical records and the billing company to insure efficient completion of the revenue cycle.

Job Responsibilities

- Reviews and accurately interprets medical record documentation from all hospital accounts in order to identify all diagnosis and procedures that affect the current inpatient stay or outpatient encounter and assigns the appropriate ICD-10, CPT, or modifier codes for each diagnosis and procedure that is identified.
- Assures that quality and timely coding, charging and abstraction of accounts are completed daily for assigned specialty areas.
- Maintains and enhances current levels of coding knowledge through quality review, attendance and participation at clinical in-services and coding seminars, internal meetings, study of circulating reference materials, and inclusion of updates to coding manuals.
- Contacts physicians or any persons necessary to obtain information required to accurately code assignments. Works and communicates with other offices in any manner necessary to facilitate the billing process.
- Ability to code Inpatient, Swing, Observation and ER Critical Access Hospital encounters
- Coding Outpatient encounters including laboratory, radiology, rehabilitation therapies and infusion therapy.
- Liaison with billing company to resolve any coding/billing issues
- Serve as a resource to physicians and staff with specific coding and compliance questions

Qualifications

- High School Diploma or GED is required. A 2-year Associates Degree or higher is preferred.

- Certification of CPC (Certified Professional Coder), CCS (Certified Coding Specialist), COC (Certified Outpatient Coder), or RHIA (Registered Health Information Administrator) or equivalent designation.
- Three or more years' experience directly related to coding and reimbursement or equivalent combination of education and experience.
- Expertise in CPT, HCPCS, and ICD-10-CM diagnosis codes
- Expertise in Method II, CAH, RHC and FQHC billing.
- Working knowledge of third party payer profiles, and reimbursement guidelines
- Knowledge of current and developing issues/ trends in medical coding procedures and requirements.
- Ability to gather and analyze data, and develop, recommend, and implement solutions
- Strong communication skills required to interact with all levels within the organization.
- Ability to handle multiple assignments and maintain confidentiality.
- Proficient with Microsoft Office and electronic records systems

Skills and Abilities

- Must be able to concentrate and maintain accuracy during constant interruptions.
- Must possess independent decision-making ability.
- Must possess the ability to prioritize job duties.
- Must be able to handle high stress situations.
- Must be able to adapt to changes in the workplace.
- Must be able to organize and complete assigned tasks.
- Must possess excellent written and verbal communication skills.
- Must possess the knowledge of anatomy, physiology and medical terminology.

Job

Please select a valid job field

Primary Locations

Remote / Grantsville, WV / Glenville, WV

Schedule

Full-time

Shift

Day Job