



Posting Date: February 5, 2019

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**LEAD MEDICAL CODER**

**FULL-TIME**

**HARWICH PORT**

**GENERAL SUMMARY**

Under the general supervision of the Director of Revenue Cycle, the Medical Coder is responsible for:

- Remaining current on coding requirements
- Effectively communicating with, and acting as a resource, to health care providers, practice and department managers and staff to resolve documentation, charge or other issues as they arise to ensure accuracy of coding and reimbursement.
- Performing audits of CPT and diagnosis code assignments to ascertain that clinical and diagnostic procedures are accurately coded, that this information is accurately passed on the billing system
- Adhering to government requirements, industry standards, operational policies and procedures and organizational compliance objectives.
- Training all new Patient Account Specialists and Coders.
- Ensuring all Coders and Patient Account Specialists are trained for ICD-10
- Researching and preparing billing department for ICD and CPT codes required for new service lines. May require working closely with new providers.
- Semiannual review/audit of coders.
- Training other coders to audit provider notes for documentation compliance.
- Communicating with the Director of Revenue Cycle to keep abreast of potential risk exposure related to coding and/or documentation practices by providers and/or coding personnel.
- Collaborating with the Director of Physician Services in revenue cycle improvement objectives including ensuring compliant coding and billing, improving net revenue, improving charge capture process, ensuring integrity of electronic medical records system (eClinicalWorks, or eCW) and supporting and educating practices on charge capture best practices and process changes.

**ESSENTIAL JOB FUNCTIONS\***

- Be a resource to clinical departments regarding coding and charging of clinical services of both CPT and Diagnosis codes. Maintain current understanding of clinical procedures, patient charge protocol and regulatory requirements with charge system process. Demonstrate knowledge in industry billing practices.
- Perform audits of CPT and diagnosis code assignments to ascertain that clinical and diagnostic procedures are accurately coded, that this information is accurately passed to the billing system. Report results recommending corrective actions if needed and assist in recommending quality improvement programs.
- Develop and maintain coding rules in eCW charge master based on insurer requirements.
- Develop training programs that continually improve quality of clinical documentation, charge capture and the integration of compliant coding practices into provider routines. Evaluate and/or develop forms or flow sheets to provide documentation that supports the level of care and use of supplies and services.

- Communicate with the Director of Revenue Cycle to keep abreast of potential risk exposure related to coding and/or documentation practices by providers and/or coding personnel.
- Review specified medical records and corresponding claims for accuracy and completeness based on government requirements, industry standards, operational policies and organizational compliance objectives.
- Enter routine charges and changes into the eCW system. Research billing and coding requirements for new procedures that are introduced. Ensures additions and changes to comply with federal guidelines. Analyzes usage and RVU statistics and works with appropriate operations/line managers.
- Maintain knowledge of current trends within the healthcare industry to remain cognizant of pending changes that may impact current processes to enhance professional expertise.
- Report auditing data in a comparative data base and provide feedback to affected parties in a timely and efficient manner.
- Assist the CFO and Director of Revenue Cycle with other projects as assigned.
- Work with Revenue Cycle Committee to identify deficiencies, billing errors and claim rejections directly attributable to quality of medical record documentation, procedural coding, validation, dictionaries and charge systems.
- Honor chain of command with supervisors. Notify direct supervisor of infractions of policy, procedure, laws and compliance regulations as they are identified. Notify supervisor's manager of same issue if supervisor does not correct or resolve issue within a reasonable time frame. Notify Corporate Compliance Officer of any issues that continue to be unresolved.
- It is the employee's duty to perform his/her job in a safe and injury-free manner, observing all safety guidelines and protocols associated with his/her position.

#### **OTHER DUTIES AND RESPONSIBILITIES**

- Other related duties and projects as assigned.

#### **COMPETENCIES**

- Requires basic skills related to CPT coding, billing, reimbursement, finance, clinical and compliance.
- Must be proficient with computers and Microsoft Office
- Must have strong analytical and problem solving skills
- Ability to articulate findings in a professional role
- Must be an outgoing, dynamic individual with effective oral and written communication skills. Will work directly with providers and office staff and must professionally represent administration.

#### **PREPARATION, KNOWLEDGE, SKILLS & ABILITIES**

- Associates Degree in health care, business or related field
- Minimum of 3 years experience as an RN, coding or reimbursement specialist, healthcare educator, or the equivalent combination of education and experience, required.
- Relevant experience including charge analyst, coding or reimbursement specialist, health professional/healthcare educator or the equivalent combination of education and experience required.

#### **WORKING CONDITIONS/PHYSICAL DEMANDS**

- Normal business office environment.

### **AAP/EEO STATEMENT**

Outer Cape Health Services is committed to a firm policy in favor of equal employment opportunity and will abide by all applicable state and federal regulations by not discriminating against any applicant or employee on the basis of race, religion, color, creed, sex, age, national origin, citizenship status, marital status, sexual orientation, gender identity and expression, disability or veteran status. Our commitment to equal employment opportunities shall include employment, upgrading, promotion, demotion, transfer, leaves or other absences from work, layoff, compensation and benefits, selection for training or other education, professional opportunities and conflict resolution.

It is also the policy of OCHS to take affirmative action to employ and to advance in employment, all persons regardless of their status as woman, minority or individuals with disabilities or protected veterans, and to base all employment decisions only on valid job requirements.

Please inform us of any necessary accommodations required during the application process and/or at any time during employment.

### **OTHER DUTIES**

Please note this job description is not designed to cover or contain a comprehensive listing of activities, duties or responsibilities that are required of the employee for this job. Duties, responsibilities and activities may change at any time with or without notice.