



03/05/2019

Central Coding Position

Department: Central Revenue Office

Primary Position: Coding Specialist

Reports to: Kelly Chambers – Billing, Coding/Compliance Manager

Educational Requirements: Minimum – High School diploma. Intermediate computer skills required with exposure to electronic medical record systems. AAPC Certified Professional Coder, or able to pass certification test with 6 months of date of hire. Recent working knowledge of ICD-10, CPT-4, and medical terminology. Must be knowledgeable of payer plan guidelines and multi-specialty service level coding and modifier use. Recent knowledge of Medicare, Medicaid, and Commercial Insurance plan guidelines to ensure coding and billing records are in compliance.

Experience: Minimum of three years in a coding position and familiarity with physician practice revenue cycle.

Primary Responsibilities:

- Review and prepare clean claims for submission to insurance payers.
- Monitor claim buckets for outstanding claims or errors.
- Good multi-tasking abilities.
 - Very Detailed Oriented
 - Experience with face-paced medical care environment.
- Strong understanding of ICD-10CM and CPT requirements and procedures.
- Strong understanding of HCPCS modifiers.
- Good interpersonal skills and the ability to function as a team member
- Must display professionalism when collaborating with providers and various team leader/staff to motivate, drive consensus and consistency.
- Ability to advise providers, office, clinical, and administrative staff in compliant CPT-4 and ICD-10 documentation and coding guidelines.
- Other duties may consist of:
 - Posting insurance payments electronically and manually.
 - Other revenue cycle related duties as assigned by leadership.

Please contact Kelly Chambers at (479) 549-3079.