

Certified Coder

Summary of Position Responsibilities:

Responsible for providing timely and accurate processing of charges into the practice management system. Provides training, support and billing assistance to the Account Service Representatives. Codes outpatient procedures and diagnosis for the purpose of optimizing reimbursement and decreasing compliance liability. Responds to patient billing questions, explain charges to patients when necessary. Performs data entry, works edits in the practice management system and does routine financial analysis.

Essential Job Duties:

- Reviews and reconciles billing statements daily.
- Ability to review claims to ensure appropriate completion of ICD-9, ICD-10 codes.
- Analyze medical record for Health Care Provider.
- Conduct month end billing and reporting.
- Responsible for accurate submission of necessary documentation to the insurance companies with claims.
- Month end billing and reporting.
- Translate medical terminology into standardized codes to ensure patient diagnoses are accurately communicated and provider services are paid.
- Document and determine professional, facility, diagnostic and procedural codes are applied.
- Ability to read and interpret physician documentation and provide advice on correct codes.
- Ability to interpret terminology in the record when it differs from terms in ICD9 – 10, using judgment or verifying with provider for accurate codes.
- Ability to work and interact effectively with providers.
- For identified charging errors, analyze and investigate how error occurred and advise accordingly in order to prevent error from reoccurring.
- Assist in educating providers on billing issues identified through monthly audit process in conjunction with the Billing Director.
- Other duties as assigned.

Qualifications & Experience:

- High school diploma or general education degree (GED).

- Certified Professional Coder (**Pediatric primary care coding required**).
- 2-3 years of recent medical billing and coding experience required.
- Some level of ICD-10 training required.
- Knowledge of PPO, HMO and other commercial insurances.
- Detail oriented, strong organizational skills with the ability to prioritize workload.
- Greenway (EMR), Gateway and E-Care experience preferred.
- Excellent customer service and communication skills.
- Ability to effectively communicate with patients/families, physicians and other staff members in a collegial manner.
- Ability to build trust and share knowledge and expertise in a professional manner with providers.
- Excellent customer service skills required.
- Able to work in a fast paced environment, with the ability to meet productivity expectations.
- Basic computer skills.