Job Title: Coder III   FLSA Status: Nonexempt
Department: Coding   Employee Group: Non-Management

General Summary:

Under general supervision and according to established procedures conducts coding audits of coding staff and providers. Tracks data and reviews findings with Manager, coders and providers. Providers formal and information coding and regulatory education delivering information in person and/or written form. Reviews insurance denials of payment that Business Office Staff were unable to resolve by researching insurance policies and contacting the insurance company to discuss if needed. Provides codes and applicable fees for proposed services. Assists with research of insurance policies regarding new procedures or services being considered to add to the practice. Reviews tickets submitted for write-off adjustment and determines if information is appropriate of if additional investigation is required. Codes office and surgical tickets as needed to maintain the department's turn-around metric.

Principal Duties and Responsibilities:

Coding Audits:
1) Completes timely audits of coding staff (monthly) and providers (quarterly) and new providers (45-60 days from date of hire). In doing so, reviews provider documentation and corresponding coding to ensure, correct, complete and compliant practices that fully support the diagnoses reported and charges submitted for services rendered. Ensures the information meets regulatory and payor specific requirements, and accurately describes the patient encounter.

2) Reviews audit findings with Manager and then with providers and coders. In doing so, provides real-time education on opportunities identified and offers education, including objective supporting documentation to providers and coders based on audit results, regulatory changes and industry trends.

3) Documents audit results in excel log. Reports adverse audit trends and areas of potential risk or compliance concerns to Manager.

4) Under direction of the Manager, will revise and update material and forms used for audits.

Coding Training & Education:
5) Provides formal and informal coding and regulatory education to all attending physicians, advanced practice provider (APP), residents, fellows, and others involved with the billing for professional services. Sessions will be for new providers/APPs or to present new information including yearly updates and changes in requirements as needed. Education can be in person and/or in written form.

Review of CPT and/or Diagnosis Codes:
6) Reviews insurance payment denials of payment that Business Office Staff were unable to resolve. In doing so will research insurance policies (LCD & NDC) and may contact the insurance to discuss in order to work toward resolution. Documents information on issues to assess for trends either by payor or by procedure.
7) Researches codes and applicable fees for proposed services for a patient to assist Business Office Staff and other Clinic personnel in order to provide estimates of costs for proposed services and to meet pre-admission requirements**.**

8) Under direction of the Manager, will research insurance policies regarding new procedures or services

being considered to add to the practice.

Metric tracking / Reviewing adjustments:
9) Tracks designated metrics for coding and business office staff as outlined by Manager and CFO

10) Reviews tickets submitted for write-off adjustment from Business Office Staff. Reviews the research done and documentation from the Business Office Staff. Determines if any additional information supports payment. Determines whether more investigation is required and whether the adjustment write-off description is appropriate. Submits conclusions to Coding Manager for coding issues and to CFO if it is a billing issue.

Coding tickets:
11) Under direction of Manager, codes office and surgical notes as needed to maintain department's turn-around metric. In doing so,
    a. Reviews documentation and enters the appropriate charges, modifiers, diagnosis codes and quantity information and approves ticket for processing.
    b. Uses information from the hospital lists, various physician reports and CPT and ICD-10 coding manuals, prepares fee tickets by assigning service, diagnosis and procedure codes in order to obtain physician reimbursement.
    c. Follows guidelines established by various third-party payors regarding coding and billing practices and,
    d. Reviews patient insurance and transaction information to ensure accuracy of completed fee ticket.

12) Remains current on third-party payor reimbursement issues by reviewing insurance newsletters, etc.

13) Actively participates in the process improvement initiatives and seeks to identify and resolve issues through teamwork and collaboration.

Knowledge, Skills and Abilities Required:

Education:
- An associate degree in health information management OR a certificate in medical coding.
- Knowledge of anatomy, physiology, and medical terminology in order to research, interpret and code procedures at a level normally acquired through the completion of one-year medical assistant program or medical coding program.
- Proficient in CPT & ICD-10 coding.

Certifications:
- Any one of the following certifications through AAPC or AHIMA: RHIA, RHIT, CCS, CPC, CPC-B.
- Certifications should be current with required CEUs completed.

Experience:
- A minimum of five (5) or more years of coding is preferred in multi-specialty professional coding with a minimum of two (2) of those years being surgical coding experience.

- Interpersonal skills necessary in order to effectively communicate with physicians, Clinic personnel, and reimbursement agencies in the resolution of coding problems and to exchange factual information in response to inquiries, results of audits, and other educational information.

- Analytical skills necessary in order to research and properly code forms for services provided, to match necessary reports when determining codes, and to identify and resolve incorrect reimbursement coding, review & research denied payments, and research information for new proposed services.

- Ability to concentrate and pay close attention to detail when verifying accuracy of coding, reviewing denials/adjustment requests, and research into insurance policies which occupies approximately <u>eighty</u> percent of work time.

Working Conditions:
Works in a normal office environment where there are few, if any, physical discomforts due to dust, dirt, noise and the like.

Reporting Relationships:
Reports to the Coding Manager.

Approvals:

_e/Stephanie Berrington/_____   8/8/2024_____
Coding Manager   Date

e/ Jodi Draper _____   _8/8/2024___
CFO   Date

_e/Dana Young/_____   __8/8/2024___
Administrator   Date

The above is intended to describe the general content of and the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

Created 8/2024

WORKING CONDITIONS AND PHYSICAL DEMANDS WORKSHEET

Date: _____**8/2024**_____

Job Title: _____**Coder III**_____   Department: __**Coding**_____

1.   Physical Activities

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Balancing	X					
Bending	X					
Climbing	X					
Crawling	X					
Crouching	X					
Kneeling	X					
Reading						X
Sitting						X
Squatting	X					
Standing		X				
Stooping	X					
Walking		X				

2.   Lifting and/or Pushing and Pulling

Weight	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
0-10 pounds		X				
10-20 pounds	X					
20-30 pounds	X					
30-60 pounds	X					
Over 60 pounds	X					

3.   Carrying and/or Pushing Pulling

Weight	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
0-10 pounds		X				
10-20 pounds	X					
20-30 pounds	X					
30-60 pounds	X					
Over 60 pounds	X					

4.   Visual Activity

Level	Yes	No	Comment
Near Vision	X		
Far Vision		X	
Depth Perception		X	
Fine Discriminate Detail		X	
Color Vision		X	
Field of Vision		X	

5.   Auditory Activity

Level	Yes	No	Comment
Distinguish Sounds		X	
Distinguish Pitch		X	
Distinguish Tone		X	
Hear Speech	X		

6. Sensory Activity (Touch & Smell)

Level	Yes	No	Comment
Distinguish Hot & Cold		X	
Distinguish Range of Temperature		X	
Distinguish Surfaces		X	
Fine Motor Skills to Grasp		X	
Manual Dexterity	X		Keyboarding & 10-key skills required
Detect Odors		X	
Distinguish Odors		X	

7. Verbal Activity

Level	Yes	No	Comment
Make Sounds		X	
Form Words	X		
Speak Loudly		X	
Speak Softly		X	

8. Mental Activity

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Performing detailed tasks (bookkeeping, transcribing, etc.)						X
Subjected to interruptions			X			
Subjected to changing work priorities		X				

9.   Hazardous Conditions

Activity	Does Not Apply	Occasionally (8-10%)	Periodically (11-20%)	Frequently (21-50%)	Very frequently (51-80%)	Continuously (80% or more)
Exposure to marked changes in temperature & humidity	X					
Exposure to electrical shock	X					
Exposure to vapor, fumes & gases	X					
Exposure to radiation	X					
Exposure to infectious disease	X					
Driving automotive equip.	X					
Exposure to weather elements	X					