



## **JOB DESCRIPTION**

**Position Title:**     **Coder**

**Status:**            **Full Time: 40.0 Hours per week**

**Position Purpose:** Under general supervision, reviews, analyzes and assures the final diagnoses and procedures as stated by the practicing providers are valid and complete. Accurately codes office and hospital procedures for providers to ensure proper reimbursement. Provides education to the providers to ensure proper completion of Electronic Health Records and proper assignment of ICD-9-CDM and ICD-10-CDM, HCPCS and CPT codes.

### **Essential Duties:**

- Audits records to ensure proper submission of services prior to billing on pre-determined selected charges
- Receives hospital information to properly bill provider services for hospital patients
- Supplies correct ICD-9-CM /ICD-10-CM diagnosis codes on all diagnoses provided
- Supplies correct HCPCS code on all procedures and services performed
- Supplies correct CPT code on all procedures and services performed
- Contacts providers to train and update them with correct coding information
- Attends seminars and in-services as required to remain current on coding issues
- Audits medical records to ensure proper coding completed and to ensure compliance with federal and state regulatory bodies
- Accurately follows coding guidelines and legal requirements to ensure compliance with federal and state regulatory bodies
- Maintains all mandatory in-services
- Maintains compliance standards in accordance with the Compliance policies and the Code of Conduct. Reports compliance problems appropriately.
- Determines the final diagnoses and procedures stated by the physician or other health care providers are valid and complete.
- Quantitative analysis - Performs a comprehensive review for the record to assure the presence of all component parts such as: patient and record identification, signatures and dates where required, and all other necessary data in the presence of all reports which appear to be indicated by the nature of the treatment rendered.
- Qualitative analysis - Evaluates the record for documentation consistency and adequacy. Ensures that the final diagnosis accurately reflects the care and treatment rendered. Reviews the records for compliance with established reimbursement and special screening criteria.
- Analyzes provider documentation to assure the appropriate Evaluation & Management (E&M) levels are assigned using the correct CPT code
- Performs other related duties, which may be inclusive, but not listed in the job description
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### **Employment Standards**

#### **Education & Qualifications:**

- High School Diploma
- Medical Coding Certificate - RHIT or CPC certification is required
- Excellent interpersonal skills
- Two years experience using ICD-9-CM, CPT, HCPCS or equivalency
- Computer competency

#### **Knowledge of:**

- Federal laws and regulations affecting coding requirements
- Principles, practices and methods of current coding certificate required
- Modern office practices, etc.
- Knowledge of billing practices required, FQHC billing preferred
- Knowledge of medical records, EHR required
- Extensive knowledge of official coding conventions and rules established by the American Medical Association (AMA), and the Center for Medicare and Medicaid Services (CMS) for assignment of diagnostic and procedural codes.
- Must have good math skills and effective communication skills.

**Responsibility, Skills, and Difficulty of Work:**

- Perform coding work requiring independent judgment with speed and accuracy
- Examining and verifying coding errors through audits
- Required in-services
- Communicating clearly and concisely, orally and in writing
- Confidentiality
- Ability to use the computer
- Ability to work independently to accomplish assigned work in a timely manner
- Ability to communicate with staff and the public, both in person and over the telephone, in a tactful manner and under difficult situations
- Understanding and carrying out verbal and written directions
- Follow Healthlinc policies and procedures
- Works independently in the absence of supervision

**Personal Work Relationships:**

- Maintain strict Healthlinc confidentiality
- Works daily with staff, vendors, and public for the purpose of giving and receiving factual information
- Follows Healthlinc policies and procedures
- Must plan one's own work such that it is accomplished in the allocated time
- Works in cooperation with other clinic staff and the public

**Physical Demands and Work Environment:**

- Works under pressure and stress due to the diversity of our clinics.
- Work is performed indoors in a heated, air conditioned, well lighted and clean office setting.
- Requires frequent lifting up to 20 pounds, and infrequent lifting up to 50 pounds.
- Requires ability to distinguish letters, numbers and symbols.
- Requires normal range of vision.
- Requires awareness of personal limitations and flexibility.
- Some emotional stress resulting from diversity and intensity of patients and staff.
- Requires prolonged standing or sitting.
- Occasional travel required

**Level of Authority:** No supervisory responsibilities

**Reports To:** Billing Manager

**Classification:** Non-exempt

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\*This job specification should not be construed to imply that these requirements are the exclusive standards of the position. Incumbents may be required to follow any other instructions, and to perform any other related duties, a may be required.

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I have read and understand my Job Description and agree to fulfill these and other duties as assigned and within my qualifications. I understand that this same Job Description will be used in evaluating my performance. Regardless of my specifically assigned duties, I realize that it is my responsibility as an employee of Healthlinc to do every thing in my power to meet the needs of our patients, their families, visitors, and our physicians. Also, I acknowledge a responsibility to actively participate in continuing education for myself and educating and orienting new employees.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_