JOB DESCRIPTION

TITLE: **Physician Practice Coder**
DEPARTMENT: **Physician Practice**
REPORTS TO: **PFS Director**
FLSA: **Non-Exempt**

SUMMARY OF JOB:
Assign ICD-10 CM, CPT-4, and HCPCS codes as appropriate to narrative diagnoses and procedures documented in the medical record and encounter form. Prepare bills timely for payments for services performed, and resolve problems from patients and insurance companies.

RESPONSIBILITIES:
Colorado West Healthcare System expects job performance to be consistent with its mission and believes that each Employee contributes to improve performance by continuously searching for ways to increase efficiencies and enhance fiscal performance and viability.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
(The following statements are illustrative of the essential functions of the job and do not include other non-essential or marginal duties that may be required. Community Hospital reserves the right to modify or change the duties or essential functions of this job at any time. All responsibilities may not be performed by all incumbents.)

1. Completes coding per hospital policy and standards.
    a. Assign ICD-10 CM, CPT-4, and HCPCS codes according to regulating guidelines.
    b. Thoroughly review all chart documentation prior to assigning codes.
    c. Access and follow, as appropriate, coding regulations through the 3-M software.
    d. Maintain CE credits as needed to keep certification current.
    e. Strive for an accuracy rate of 91% or above in overall coding assignment.
    f. Strive to obtain a Certified Coding Specialist rating through the American Health Information Management Association, or the Academy of Professional Coders.
    g. Answer coding questions from other departments and outside calls.
    h. Communicate with physicians when there are ambiguous statements or lack of documentation.
    i. Assist with coding reviews as appropriate
    j. Abide by the coding Code of Ethics.

2. Follows up on all assigned accounts within the billing systems in accordance with pre-established goals.
    a. Initiates proactive measures that result in account resolution.
    b. Researches and analyzes accounts and payments, reverses balances to credit or debit if charges were improperly billed or if payments were incorrect.

c. Ensures that all conditions for payment receipt have been satisfied, which includes, but is not limited to, accurate charges and financial class, authorization/certification/information, claims address, ICD-10 and CPT-4 coding, patient insurance eligibility, patient benefit coverage, and patient responsibility.
d. Meets daily and weekly productivity stands. Completes weekly indicator spreadsheets. Documents daily charges on practice spreadsheet.
e. Writes appropriate notes in system for every account, including any action taken.

3. Responds timely and accurately to all incoming correspondence and inquires from payers, patients, and other appropriate parties.
a. Initiates contact with patient, as necessary.
b. Initiates recommendations and action plans for resolving accounts.
c. Evaluates accounts to determine any write-offs or corrections required, including duplicate charges.
d. Prepares refund requests for any monies due to patient or insurance company.
e. Responds to all phone calls from other departments or insurance companies in an efficient and courteous manner.
f. Handles in a professional and confidential manner all correspondence, documentation, and files.
g. Attempts to locate patient/guarantor through direct contact, letter or other means.
h. Speaks with patient/guarantor to find third-party sponsorship, settlement, or to begin charity process.
i. Establishes payment arrangements according to preset guidelines.
j. Prepares correspondence to patient/guarantor, as necessary.
k. Receives and answers (coding) inquiries or complaints concerning self pay accounts; gathers information for timely resolution of issues.
4. Elevates issues, as appropriate, to the supervisor.

5. Submits claims for secondary payment.

6. Reviews various reports to identify denials and edits; corrects claims, suggests action plans to eliminate these denials/edits in the future, and determines appropriateness for appeal.
a. Prepares write-off requests for denied claims which cannot be appealed.

7. Any other duties as assigned.

QUALIFICATIONS
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

EDUCATION and/or EXPERIENCE
High school diploma or equivalent, with two (2) to three (3) years past experience preferred.

CERTIFICATES/LICENSES:
Certification in one of the following: AHIMA, AAPC (RHIT, RHIA, CCS, CCS-P, CPC, or CPC-H)

SPECIAL KNOWLEDGE REQUIRED
Excellent computer skills, 10 key by touch, filing and typing proficiency. Familiarity with CPT-4 and ICD-10 coding.

LANGUAGE SKILLS
Must be able to read and write English. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to effectively present information in one-on-one and small group situations to supervisors, patients, patient's family and other employees of organization. Able to work in a team-oriented environment.

MATHEMATICAL SKILLS
Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent.

REASONING ABILITY
Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

COMPUTER SKILLS
To perform this job successfully, an individual should have general computer literacy skills and knowledge of Microsoft Office applications.

PHYSICAL DEMANDS
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; and talk or hear. The employee is occasionally required to stand; walk; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The employee must regularly lift and/or move up to 20 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

WORK ENVIRONMENT
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
While performing the duties of this job, the employee is occasionally exposed to moving mechanical parts, risk of electrical shock, exposure to infectious diseases, and transmission of airborne disease. The noise level in the work environment is usually moderate.

HIPPA
Ensures and adheres to strict confidentiality when handling patient information, according to the HIPAA Privacy Act and hospital policy and procedure regarding confidentiality. Complies with all hospital information security practices.

Has knowledge of and adheres to all compliance regulations, policies and procedures.

Final Section I understand that my employment is for an indefinite period of time and that his facility can change wages, benefits, and conditions of employment at any time.

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Employee Signature Date

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Department Head Signature Date