



Cassopolis
Family Clinic Network

Job Posting

Date: 11/4/2020

Title: Coding Specialist

FSLA: Non-Exempt

Location: Cassopolis Family Clinic

Cassopolis Family Clinic Network is seeking a Coding Specialist to add to Cassopolis Family Clinic team. The Coding Specialist is responsible for ensuring that all charges are being appropriately coded (ICD-10, HCPCS, CPT, ADA) prior to submission to payers. Work with providers and other staff to ensure compliance with coding regulations.

Principle Duties and Responsibilities:

- Promotes the mission and philosophy of providing quality health care and related services to the medically underserved. Upholds and ensures compliance with and attention to all corporate policies and procedures, as well as the mission and values of the organization.
- Ensures all actions, job performance, personal conduct and communications represent the organization in a highly professional manner at all times.
- Maintains a commitment to the achievement of quality health care services by maintaining patient rights, safety, privacy, confidentiality and excellent customer service philosophy.
- Apply appropriate diagnostic and procedural codes to claims, using the documentation from the medical/dental record.
- Reviews charges submitted by providers to ensure that the appropriate diagnostic and procedural codes were used.
- Educate providers regarding proper documentation practices to more accurately reflect the acuity, severity, and occurrence of events in the record.
- Consult with providers for clarification and additional documentation prior to charge submission when the documentation in the record is inadequate, conflicting, ambiguous, or unclear for coding purposes.
- Assist, educate and train providers by advocating proper documentation and code selection practices.
- Participate in the auditing and monitoring practices of coding for the organization.
- Assist with coding compliance efforts through auditing, monitoring, training, education and internal investigations.
- Stay current on industry changes with coding guidelines and reimbursement reporting requirements.
- Participates in team meetings and educational opportunities to maintain industry specific knowledge.

- Be familiar with coding specifications for various insurance companies including but not limited to Medicare, Medicaid, Blue Cross Blue Shield, etc.
- Ensures notes pertaining to account activity are clear and concise.
- Assists other team members in the review of unpaid claims, correct information, and resubmit as necessary.
- Responds quickly and professionally to all customers, (third party payors, physicians, employers, etc.) in a timely and professional manner.
- Works to achieve productivity and claims data industry benchmarks.
- Performs other duties as assigned

Knowledge, Skills and Abilities Required:

Education:

- High school graduate or successful completion of a G.E.D. program
- Must be able to pass basic tests for Medical Terminology and CPT coding
- Certificate in Medical Billing and Coding preferred
- Experience in Family Practice and OB/GYN preferred

Experience:

- 2 – 4 years of billing or coding experience required
- Community Health Center billing experience preferred

Interpersonal:

- Ability to demonstrate customer focused verbal and written communication
- Independent judgment is needed to deal with exceptions to systems and edits specific to each third party payor:
 - Comprehend third party policies and procedures
 - Interpret third party vouchers and explanations of codes and benefits

Skill Level:

- Must have the mathematical ability to:
 - Calculate balances on vouchers and accounts
 - Use percentages to determine benefits
- Computer skills required

Physical/Environmental:

- Works in a normal office environment where there are minimal physical discomforts due to temperature, noise, dust and the like.
- Must have manual dexterity for use of a computers keyboard and calculators. Ability to remain stationary for periods of up to four hours. Ability to communicate via phone, mail and in person to resolve disputes, solve problems, etc. Requires sitting, walking, stooping, bending, ability to walk upstairs and lift 25lbs or more, carrying supplies and/or office equipment.
- Ability to interact with computer screen for up to six hours at a time (visual acuity required). Some exposure to visual strain due to close inspection of forms, physician notes, records and computer screens.
- Cognitive skills to analyze, calculate data, problem solve.
- Occasional exposure to communicable disease, unpleasant odors, noise due to clinic and/or data processing activities.

Disclaimer:

The above outlined specifications are not an all-inclusive list of job-related responsibilities, duties, skills, efforts, requirements or working conditions. All job requirements are subject to possible revision to reflect changes in the position requirements or to reasonably accommodate individuals with disabilities. Some requirements may exclude individuals who pose a threat or risk to the health and safety of themselves or other employees. This job description in no way states or implies that these are the only duties to which will be required in this position. Employees will be required to follow other job-related duties as requested by their supervisor/manager within guidelines and compliance with Federal and State laws. This job description does not constitute a contract of employment and the Company may exercise its employment-at-will rights at any time.

Reporting Relationships:

Reports to Billing Manager

CFCN Employee Benefits:

CFCN offers an attractive compensation and benefits package including paid time off, paid holidays, medical/dental/RX and vision insurance, short and long term disability, life and accidental death and dismemberment coverage, and a 401k retirement plan.

How to Apply:

For consideration, please send your resume to Tammy Howard, 261 M-62 North, Cassopolis, MI or email to: thoward@cassfamilyclinic.org.