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Coding Specialist

The Medical Coding Expert is responsible for converting inpatient, outpatient, and clinic diagnoses, procedures, and utilized supplies and devices into appropriate codes using ICD-10, CPT, and HCPCS guidelines. The individual within this role will be expected to perform essential duties like reviewing coding and billing processes for accuracy, acting as a resource to other coders, supporting adherence to quality expectations and productivity standards, and hence ensuring optimal reimbursement. Coding Specialist will report to the Revenue Cycle Director.

Principal Duties and Responsibilities:

- Accurately applies ICD-10, HCPCS, CPT, and APC codes for both routine and complex procedures as well as maintains or exceeds the standard level of quality and productivity established by Ruby Valley Medical Center
- Maintains up-to-date knowledge and provides guidance on requirements set forth by CMS, other third- party payer requirements, the American Hospital Association Official Coding Guidelines, and American Medical Association's CPT guidelines
- Monitors and reviews regulatory changes that impact clinical documentation and reimbursement requirements to ensure accurate and compliant coding
- Assists Business Office Manager in developing reports that detail coding review findings in addition to gathering data to support performance evaluation of coders
- Addresses questions or concerns posed by coders, clinicians, or other related departments regarding coding, charging, DRG assignments, APC assignments, modifier application, special projects, and other relevant topics
- Provides recommendations to Business office Manager about potentially necessary adjustments to processes, workflows, policies, or systems based on the review of coding regulations and payer requirements.
- Works with the denials management team in identifying root causes of reoccurring denials as they relate to documentation and coding processes, obtaining clinical buy-in and cooperation in denial prevention initiatives, and assisting in resolving denials
- Assists in the development and coordination of educational plans and training events for coders, clinicians, and related departments
- Monitors documentation turnaround time and productivity, and follows up on uncoded accounts or with physicians and other clinical staff as needed
- Acts as a liaison and coding expert to ancillary departments, administration, and physicians by answering questions or providing support as issues arise
- Reviews obtained authorizations and pre-billed claims as needed to ensure they align with the procedures performed
- Maintains current credentials/licensure
- Other duties as assigned

The above statements reflect the general duties considered necessary to describe the principal functions of the job as identified and should not be considered a detailed description of all the work requirements that may be inherent to the position.

Position Qualifications:

Education

- High School Diploma or equivalent (GED) required
- Must be a certified coder; CPC, RHIA, RHIT, or CCS certifications are acceptable

Experience

- Three to five years coding experience

Knowledge, Skills, Abilities

- CAH/RHC Coding Knowledge
- Exemplary problem-solving and conflict resolution skills
- Detail-oriented as well as skilled in synthesizing a wealth of information.
- Excellent time management and prioritization abilities
- Capable of both following and providing detailed instructions
- Thorough knowledge of ICD-10, CPT, HCPCS codes, and CMS guidelines
- Well-versed in medical terminology as well as anatomy and physiology
- Ability to understand the clinical content of a health record, including the most complicated records
- Strong written and interpersonal communication skills, especially with physicians when necessary to clarify diagnoses/procedures
- Open to communicate and respond to individuals with different opinions and concepts
- Ability to trace and organize the information available in Ruby Valley Medical Center's system to have a better understanding of the problem and rectify potential gaps in the existing information

Performance is Satisfactory When:

- Coding accuracy is maintained at 95% or greater
- All coding-related inquiries are answered timely, and Ruby Valley Medical Center remains apprised of regulatory updates and change

Signature: _____ **Date:** _____

Print Name: _____