

## **Certified Coder**

*Louisville, KY*

### **Summary**

The team member performs highly technical and specialized functions for the Central Business Office. The team member reviews, analyzes, and codes diagnostic and procedural information that determines Medicare, Medicaid and private insurance payments. The primary function of this position is to perform ICD-9-CM (soon to be ICD-10), CPT and HCPCS coding for reimbursement. The coding function is a primary source for data and information used in health care today, and promotes provider/patient continuity, accurate database information, and the ability to optimize reimbursement. The coding function also ensures compliance with established coding guidelines, third party reimbursement policies, regulations and accreditation guidelines..

### **JOB RESPONSIBILITIES**

#### **Essential Functions:**

- **Coding (60% Weight)**
  - Obtain copies of chart notes, reports, electronic medical records, and any other necessary records for purpose of review
  - Comply and communicate deficiencies that impact the billing process.
  - Review documentation needed to clarify or complete the information required for compliant coding and billing of services performed.
  - Abstract patient evaluation and management services, including consultations, and bedside procedures for the purpose of selection of the appropriate HCPCS code(s), ICD-9 code(s), and modifier(s)
  - Follow production and quality standards for coders as established.
- **Compliance (20% Weight)**
  - Ensure that documentation meets the Teaching Physician Rules as mandated by CMS and ULP policies prior to release of a code for billing
  - Ensure that documentation for Advanced Practice Providers meets the payer specific rules prior to release of a code for billing
- **Communication/Education (10% Weight)**
  - Develop daily/weekly communication with providers.
  - Provide comments/suggestions relative to weak areas identified in the coding reviews.
  - Provide trending deficiencies to CBO Manager and Compliance Educator as appropriate.

- Responds in a timely manner to questions from providers, department representatives.
- Maintain compliance with rules and regulations regarding coding.
- Constant reviews of incoming Fee Tickets to ensure compliance standards are met.
- Ability to work within a team environment and meet monthly goals.
- Other duties as assigned.

Coders will be audited on a quarterly basis by ULP Compliance/Audit Services Department with including discussion and feedback.

## **Qualifications**

### **MINIMUM EDUCATION & EXPERIENCE**

- High School education or GED required.
- Must have and maintain Certified Professional Coder
- Three years direct coding experience and in depth Coding and HIPAA regulations for physician offices, preferred.

### **For More Information / How to Apply:**

<https://careers-uoflhealth.icims.com/jobs/9047/certified-coder/job>