

## **PHYSICIAN CODING SPECIALIST II**

*Cleveland, OH*

### **Summary**

Under the direction of the Revenue Cycle Supervisor – Coding the Physician Coding Specialist II monitors and analyzes unresolved third party accounts for multi-specialty group practices. This position initiates contact and negotiates appropriate resolutions to ensure timely payments of outstanding claims.

### **Responsibilities:**

- Analyzes, on a daily basis and in accordance with established time frames, the outstanding insurance accounts. Initiates appropriate and effective telephone and/or written follow-up on the identified accounts.
- Communicates with payors and other internal departments as required to obtain critical information that impacts the resolution of both current and future claims.
- Researches and responds to all telephone inquiries from the customer service department, in a prompt, professional manner meeting departmental guidelines.
- Reviews and corrects coding rejections.
- May code ICD-9 from written documentation.
- May abstract CPT/HCPCS codes.
- May perform computer assisted coding functions.
- Working knowledge of coding rules and payer guidelines.
- Consistently exceeds department productivity standards
- Consistently exceeds department accuracy standards.
- Maintains patient/physician confidentiality at all times and maintains effective communication and professional interaction with patients and physicians.
- Provides appropriate information and feedback to various personnel within UHPS. Supports and utilizes established departmental guidelines. Recommends additional research to other CBO departments.
- Identifies trends with insurance related issues and reports findings to the Team Lead.
- Acts as a role model for professionalism through appropriate conduct and demeanor at all times.
- Interprets written correspondence and either resolves the problem or forwards it to another department for prompt resolution.

- Effectively communicates utilizing the telephone, form letters or internal correspondence to resolve patient inquiries.
- Handles multiple tasks simultaneously.
- Must have an understanding of insurance products and billing requirements to effectively resolve discrepancies in billing statements.
- Performs other related duties as assigned.

## **Qualifications**

### *Educational Requirements*

- High School diploma or equivalent required.
- Coding Credentials

### *Experience Requirements*

- Minimum of two years of medical coding experience required. Coding experience in a multi-specialty group is a plus.

### *Skills and Abilities*

- Excellent interpersonal skills to work in partnership with others to influence and gain cooperation.
- Ability to recognize, evaluate, and solve problems. Strong verbal and written communication skills.
- Extensive knowledge of the claims development process, as well as third party insurance program requirements. Must possess basic knowledge of ICD-9 and CPT coding.
- Ability to handle a variety of tasks with speed, attention to detail, and accuracy. Computer literate, experience with basic software packages.

**For more Information / To Apply:**

<https://careers.uhhospitals.org/job/11271452/physician-coding-specialist-ii-cleveland-oh/#toggle-id-2>

