

Senior Coding Quality Auditor

Cleveland, OH

Summary

The Senior Coding Quality Auditor is responsible for assessing coding accuracy and completeness of inpatient and outpatient medical record documentation by conducting random and focused coding audits; documenting, preparation and presentation of audit results; including investigations and presentation of feedback. Acts as coding resource to other auditors and provides direction as needed.

Responsibilities:

- Responsible for auditing Electronic Medical Records, procedural cases, surgical cases, pre-bill coding, DRG and APC Quality Audits, case mix analysis, and compliance software reviews on highly complex cases.
- Responsible for providing feedback on the application of coding guidelines, practices, and proper documentation techniques, data quality improvements, and revenue enhancements.
- Performs retrospective and concurrent audits based on coding guidelines to ensure coding accuracy and proper reporting.
- Prepares and presents reports for pre-bill and retrospective coding audits directly to audited Providers and coders.
- Demonstrates the ability to analyze coded data to identify areas of risk and provide suggestions for documentation improvement.
- Assists in the development of programs and procedures to support improvement of coding accuracy rate.
- Interacts with Providers, and coding staff to resolve documentation or coding issues. Provides direction to other auditors and resolves issues across multiple Institutes.
- Responds to coding questions from assigned coders /providers and provides official coding references and guidelines.
- Provides routine interaction with Providers, and coding staff to assist with or resolve issues relating to medical record documentation and coding.
- Assists with the facilitation of scheduled external audits.
- Assists with the analysis of case mix reports and other statistical reports.
- Maintains current knowledge of coding principles and guidelines as coding conventions are updated; monitors and analyzes current industry trends and issues for potential organizational impact.
- Reports any compliance and/or risk issues to the compliance department. Provides suggestions on process improvement.
- Makes recommendations for coding policy/guideline changes.
- Other duties as assigned.

Requirements

Education / Experience:

- High School Diploma required.
- Associate's Degree preferred.
- A Bachelor's Degree in Health Information Management preferred.
- A minimum of 3 years of progressive on-the-job experience as a coding quality auditor in a health care environment and/or medical office setting required.
- Specific training related to CPT procedural coding and ICD-10 diagnostic coding through continuing education programs/seminars and/or community college preferred.

Work Experience:

- A minimum of 7 years professional coding experience required.
- An Associate's Degree may offset up to 1 years of required experience.
- A Bachelor's Degree may offset up to 2 years of required experience.

For more information / How to Apply:

<https://jobs.clevelandclinic.org/job-detail.html?100137-senior-coding-quality-audit>
[or](#)