

Certified Coding Specialist

Washington Regional Medical Center

Job Location: Fayetteville, AR

Full Time, Days

POSITION SUMMARY:

***This position will be on-site. Remote option available if Arkansas Resident.**

Identifies reviews and assigns complex ICD-9-CM/ICD-10-CM/PCS codes, POA indicators and PSI indicators, surgical complications to most accurately report the MS-DRG and Severity of Illness/Risk of Mortality. Identifies reviews and assigns complex ICD-9-CM/ICD-10-CM/PCS or CPT/HCPCS codes, and abstracts clinical information from inpatient/outpatient types. Extracts pertinent information from clinical notes, operative notes, radiology reports, laboratory reports, (including Pathology), procedure records, specialty forms, etc. Determines complex code assignment pertinent to diagnostic workups, surgical techniques, advanced technology and special services, identifies medical and surgical complications and untoward events for accurate MS-DRG/APR-DRG or APC assignment. All coding and abstracting is for the purpose of reimbursements, research, and compliance with federal regulations and other agencies utilizing established coding principles and protocols. Clarifies complex discrepancies in documentation and coding; assures accuracy and timeliness of coding/abstracting assignments to expedite the billing process and to facilitate data retrieval for physician access and ongoing patient care. Supports special studies in relation to coding and abstracting information according to policies and procedures. Maintains knowledge and skills; reads current coding resources clinical information, videos, etc. Meets or exceeds quality and productivity standards and established department benchmarks. Performs other duties as assigned.

LICENSES/CERTIFICATIONS REQUIRED:

Certification required as follows (or any combination thereof): Inpatient Coding: RHIT, RHIA, CCS, or CIC Outpatient Coding: RHIA, RHIT, CCS, COC, or CPC

SPECIFIC EDUCATIONAL AND SKILL COMPETENCIES REQUIRED FOR THIS POSITION:

Abides by the Standards of Ethical Coding as set forth by the American Health Information Management Association and adheres to official coding guidelines. This position functions according to the WRMC HIPAA guidelines. Preferred minimum of two years of experience as a coder or strong training background in coding and reimbursement within an acute care setting.

FOR MORE INFORMATION/TO APPLY:

https://wregional.secure.force.com/careers/ts2_JobDetails?jobId=a0I3k00000hCbwPEAS&tSource=