

# Medical Chart Auditor



Job Location: Norwalk, Ohio – Hybrid Remote Position  
Full Time

## JOB SUMMARY:

Under the direction of the Director, Compliance:

- Reviews services provided and compare to determine accuracy.
- Responsible to validate the integrity of ICD9/ICD-10 and CPT/CPT II coded procedures.
- Reviews medical records and other documentation to identify under and over-coded services, prepares reports of findings, and meets with management to educate on and improve coding practices.
- Ensures appropriate coding and maintains compliance documentation.
- Ensures that billing is optimized, and errors are minimized by identifying opportunities through audit and observation.
- Remains abreast of regulatory and procedure changes which may affect coding compliance and /or reimbursement.

## RESPONSIBILITIES:

- Determines priorities and methods of completing daily workload to ensure that all responsibilities are carried out in a timely manner.
- Performs all job functions in a professional and courteous manner. This includes answering all general phone calls timely and providing excellent customer service to internal and external customers.
- Reviews and research billed unlisted procedure codes to determine if a more specific code exists and should be used.
- Effectively communicates with providers to clarify diagnoses, procedure coding and documentation requirements, including proper sequencing to foster and promote a culture of service excellence and accountability.
- Performs comprehensive medical records review to assure the presence of all component parts including patient and record identification signatures, dates where required, and other necessary data in the presence of all reports which appear to be indicated by the nature of the treatment rendered.
- Provides a high level of technical education and serves as a subject matter specialist regarding coding and documentation. Supports and educates team members about coding best practices and procedures to meet compliance and regulatory requirements.
- Collaborates with interdepartmental or cross-functional teams for assigned projects and provides departments with coding issues and updates to be shared with providers to ensure timely and accurate claim payment. Reports or resolves escalated issues as necessary.
- Utilizes audit results to provide data-driven feedback to providers and management to improve coding accuracy and identify opportunities for improvement and re-training.
- Onboarding of new providers with expectations of documentation and coding guidance.
- Performs all other duties as assigned.

## FOR MORE INFORMATION/TO APPLY:

<https://recruiting.ultipro.com/FIS1006FSHR/JobBoard/4f0ef98c-7a2a-435a-b8ae-34f07ba89aae/OpportunityDetail?opportunityId=e79519e4-1d7e-4472-9255-2dd75bf97a2b>

<https://www.fishertitus.org/careers/>