Auditor - Lead Coding Quality Auditor

Riverchase Dermatology

Job Location: Fort Myers, FL

Full Time/Days

JOB SUMMARY:

It is the primary function of the Lead Coding Quality Auditor to serve as a coding expert resource for the Coding staff, providers, and support staff. They will act as the first line of coding support, ongoing training and education of coding staff, providers, clinical staff, and other affected personnel for improved documentation, and best coding practices and to ensure compliance with company standards, Medicare, OIG, AMA, and health insurance payer policies.

- Trains, coaches, and leads coding staff; monitors, and evaluates work; reports any issues to the Coding Quality Supervisor.
- Works with Coding Quality Supervisor to develop best practice processes, reference materials, and tools to communicate optimal revenue cycle management and workflows.
- Monitors report and medical record documentation to identify potential issues. Reports unusual and complex issues. Recommends action plans and suggests processes for improvements.
- Works with Coding Quality Supervisor to establish, implement, and maintain a formalized review process for coding and documentation compliance. Monitors and adheres to the audit schedule. Analyzes audit results, identifies trends, and presents audit/review findings, potential issues, and their root causes to ensure audit results are disseminated and understood. Provide education based on audit findings.
- Serves as point of contact for insurance medical record requests. Tracks and assigns requests. Ensures completion.
- Participates in educational activities to maintain current credentials, as well as enhance knowledge and skills. Attends department staff meetings and aids other departments as requested by management
- Serves as a facility representative by attending coding and reimbursement workshops and bringing back information as appropriate; communicates any updates published in third-party payer newsletters, bulletins, and/or provider manuals; shares information with facility staff as directed.
- Stays informed about transaction code sets, Health Insurance Portability, and Accountability Act (HIPPA) requirements, and other future issues impacting health information management functions; keeps abreast of new technology in coding and abstracting software and other forms of automation.

MINIMUM REQUIREMENTS:

- 3 + years of healthcare revenue cycle management, billing, and collection-related work experience.
- General understanding of professional fee billing processes and procedures.
- Current knowledge of coding guidelines and current CPT, ICD-10, and HCPCS coding, fee schedule reimbursement methodology, and regulatory requirements for provider coding and reimbursement.
- Working knowledge of key coding concepts, such as CPT modifiers, surgical packages, medical record documentation requirements, and multiple procedure guidelines.
- Proficient in analyzing statistical data.

EDUCATION/LICENSES/CERTIFICATIONS:

- The candidate will need to either hold a current certification of CPC from AAPC or CCS from AHIMA

FOR MORE INFORMATION/TO APPLY:

https://workforcenow.adp.com/mascsr/default/mdf/recruitment/recruitment.html?cid=a878e664-3296-4b88-ab8f-1250ca20dd85&ccId=9200211884295_2&source=IN&lang=en_US&ittk=KLBZHDMDXG&selectedMenuKey=CareerCenter&jobId=459319