

# Denials & Appeals Coding Specialist- Facility

GeBBS Healthcare Solutions

Job Location: Remote

Full Time/Days

## JOB RESPONSIBILITIES:

1. Reviews payer inpatient and outpatient Medicare denials and writes appeal letters and/or responds to payers with review outcomes.
2. Submit detailed, customized appeals to payers based on review of medical records and in accordance with Medicare, Medicaid, and third-party guidelines.
3. Tracks inpatient denial and appeal activity using an Excel spreadsheet.
4. Research payer edits and denials related to medical necessity and other payer coding requirements, i.e. CMS, Medicaid.
5. Make recommendations for additions/revisions/deletions to work queues and claim edits to improve efficiency and reduce denials. Works with PFS staff on managed care issues related to denials identified in the applicable work queue. Assists PFS reviewer in researching resolutions to managed care rejections/denial
6. Demonstrates initiative and resourcefulness by communicating results of coding review activity to CDI, Physicians, and revenue cycle stakeholders (i.e. PFS, Revenue Systems)
7. Attends insurance update meetings, provides synopsis of bulletins and notifies impacted areas, i.e. Payer Alerts.
8. Consults with departments throughout the system on charge processes to ensure appropriate use of codes and modifiers.
9. Identifies denial trends and follows-up on root causes to prevent further denials.
10. Reviews payer contracts to determine financial impact of denials.
11. Keeps Revenue Systems Manager informed of system malfunctions, problem areas, delays, and other information integral to optimal revenue cycle performance.

## MINIMUM REQUIREMENTS:

- Minimum of 3-5 years of coding experience.
- Inpatient and Outpatient coding experience required.
- Billing and denial/appeals management experience preferred.

## Special Knowledge, Skills, Abilities, Training need to perform the job:

- Knowledge of ICD10 – CM and PCS, CPT-4, HCPCS
- Knowledge and experience with payer requirements, i.e. CMS medical necessity
- Strong analytical and organization skills
- Excellent oral and written communication skills
- Ability to multi-task and prioritize workload in a fast-paced environment
- Proficiency in Excel
- Ability to review/interpret payer contracts

## EDUCATION/LICENSES/CERTIFICATIONS:

- RHIT, RHIA, or CCS.

## FOR MORE INFORMATION/TO APPLY:

<https://careers-gebbs.icims.com/jobs/3039/denials-%26-appeals-coding-specialist--facility/job>