



Wellness is Traditional

JOB ANNOUNCEMENT

Position Title: Certified Professional Coder
Department: Fiscal
Supervised By: Lead Biller
Location: Alpine
Status: Non-exempt
Posted: December 15, 2017
Closing Date: Until Filled
Compensation: \$14.44-\$22.00/Hr DOE
Grant: N/A
Hours: Full time, Monday-Friday, 8:00AM-4:30PM

GENERAL STATEMENT OF RESPONSIBILITIES:

The employee reviews, analyzes, and codes diagnostic and procedural information that determines Medicare, Medicaid and third party insurance payments. The primary function of this position is to perform ICD-9/10-CM, CPT and HCPCS coding for reimbursement. The coding function is a primary source for data and information used in health care today, and promotes provider/patient continuity, accurate database information, and the ability to optimize reimbursement. The coding function also ensures compliance with established coding guidelines, third party reimbursement policies, regulations and accreditation guidelines.

SPECIFIC DUTIES AND RESPONSIBILITIES:

1. Complete and accurate coding of all outpatient claims as defined in the general statement of responsibilities
2. Insurance verification.
3. Request and verify procedure authorizations as needed.
4. Advance knowledge of medical terminology, abbreviations, techniques and surgical procedures; anatomy and physiology; major disease processes; pharmacology; and the metric system to identify specific clinical findings, to support existing diagnoses, or substantiate listing additional diagnoses in the medical record.
5. Advance knowledge of medical codes involving selections of most accurate and description code using the ICD-9/10-CM, Volumes 1-3, CPT, HCPCS,

and IHS coding conventions.

6. Skill in correlating generalized observations/symptoms (vital signs, lab results, medications, etc.) to a stated diagnosis to assign the correct ICD-9/10-CM code.
7. Advance knowledge of medical codes involving selection of most accurate and descriptive code using the CPT codes for billing of third party resources.
8. Extensive knowledge of official coding conventions and rules established by the American Medical Association (AMA), and the Center for Medicare and Medicaid Services (CMS) for assignment of diagnostic and procedural codes.
9. Knowledge of RPMS and IHS Electronic Health Record in order to analyze encounters and notify providers of data that needs corrections through EHR broadcasts, notifications and templates.
10. Must have good math skills and effective communication skills. Must be knowledgeable of the fiscal requirements, policies, and procedures of federal, state, and tribal programs. Requires the knowledge of the business use of computer hardware and software to ensure the effectiveness and quality of the processing and presentation of data. Requires skill in the use of a wide variety of office equipment including: computer, typewriter, calculator, facsimile, copy machine, and other office equipment as required. Must be able to follow instructions and work independently.
11. Other duties as assigned.

QUALIFICATIONS:

Education/Experience: Certificate from a medical institute or an Associate of Arts or Science Degree and at least two (2) years of experience in Medical/Dental/Pharmacy field preferred. Billing and collection experience preferred. Knowledge of medical terminology, anatomy and physiology, CPT and ICD-9 and ICD-10 coding experience required. ICD-10 Coding certification from a nationally recognized organization, such as AHIMA or AAPC.

Licenses/Certifications: A valid California driver's license required with application submission and must be maintained throughout employment. Applicant must be insurable under SIHC vehicle insurance policy at the time of hire and throughout employment.

Certifications and/or licenses appropriate to the positions required education

and profession must also be valid and maintained.

Character: Applicants must have a reputation for honesty and trustworthiness. Must be responsible and able to exercise good judgment, accept administrative supervision, pay attention to detail, follow instructions, including the ability to interact effectively and communicate with people in a professional and courteous manner. Must be highly confidential and work as a team with other staff. Applicant should be sensitive to client's needs.

Other: Applicants must successfully pass a pre-screening, including a tuberculin skin test or x-ray and a blood/urine drug screening test. Health must be adequate to perform all duties of the position. Applicant must complete SIHC Application and Authorization Form, both must be submitted to Human Resources prior to the close date indicated.

INDIAN PREFERENCE:

INDIAN PREFERENCE: In the filling of any SIHC job vacancy, preference may be given to qualified Native American Indians, pursuant to the Indian Preference Hiring Act, 25 USC 472, unless other laws require the filling of a vacancy without regard to Indian preference (e.g. Public Law (P.L.) 94-437, "Indian Health Care Improvement Act (IHCIA). To receive Indian preference for any SIHC position, the applicant must be enrolled, or be eligible for enrollment, as an American Indian with their Tribe, or must be certified as an American Indian from the designated Tribal Representative. Applicants claiming Indian preference must attach verification of their claim to the SIHC application, including Certification of form BIA-4432, which is available from the SIHC Human Resources Department. If verification is not or cannot be verified, the applicant will not receive Indian preference for purposes of the interview.