

Department: Coding
FLSA Status: Nonexempt
EEO Code: 03
Workers' Comp Code: 8810

Reports to: Director, HIM
Supervises: N/A
Date: July 1, 2020
Revision Dates:

Job Summary

Codes medical records using ICD-9-CM and CPT-4 coding conventions. Reviews medical record to ensure specificity of diagnosis, procedures, and appropriate/optimal reimbursement for hospital and/or professional charges. Abstracts information from medical records following established methods and procedures.

Essential Functions

Reviews medical record documentation and accurately codes the primary and secondary diagnoses and procedures using ICD-9-CM and CPT-4 coding conventions.

Sequences diagnosis and procedures using coding guidelines.

Verifies DRG assignment as accurate.

Abstracts and compiles data from medical records for appropriate optimal reimbursement for hospital and/or professional charges.

Confers with Lead Coder for coding questions concerning medical diagnosis and procedures.

Ensures quality, accuracy, and completeness of work through self audit.

Works with billers to resolve discrepancies on denied claims.

Maintains a thorough understanding of anatomy, medical terminology and procedures by reading trade journals and participating in continuing education programs.

Requires regular attendance in the Harris office.

Maintains and protects confidentiality in all aspects of patient health information, proprietary information, and employee information.

Manages customer/client interactions in a professional manner; responds promptly to requests for service and assistance, and meets those commitments.

Demonstrates the spirit of the philosophy, mission, and values of HARRIS through words and actions, and implements them into department processes, programs, and the working environment.

Performs other duties as assigned.

Reasonable Accommodations

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.

Minimum Qualifications

Work Experience: Requires six(6) months experience in abstracting and coding information from patient records using ICD-9-CM and CPT-4 coding systems, and DRG reimbursements.

Education: High school diploma or GED; completed courses in medical terminology, anatomy, and physiology.

License/Certification: Certified Coding Specialist (CCS) or Certified Professional Coder (CPC)

Knowledge, Skills, and Abilities

Proficient in Microsoft Office, Internet and medical billing and coding systems

Ability to work effectively and relate well to patients, clients, colleagues, and individuals inside and outside the company.

Ability to communicate both verbally and in writing to individuals inside and outside the company.

Ability to work in a fast-paced environment with demonstrated ability to prioritize multiple, competing tasks and demands, and to seek supervisory assistance as appropriate.

Physical Requirements

Must be able to see, hear, write, and speak sufficient to perform essential job functions. Requires sitting for up to 8 hours per day. Must have the manual dexterity to perform keyboarding functions required of the essential job functions. Requires frequent standing and walking. Occasionally requires crouching, stooping, bending, kneeling, and lifting/pushing up to 25 pounds.

Work Environment

Works in an office setting in a controlled atmosphere building. Noise level in the work environment is usually quiet to moderate. Working extended hours may occasionally be required.

THE JOB DESCRIPTION IS NOT INTENDED TO BE AN EMPLOYMENT CONTRACT, NOR DOES IT DISSOLVE THE "AT WILL" EMPLOYMENT RELATIONSHIP.

Employee Signature:

Print Name:

Date:
