

## Coding/Reimbursement Specialist Job Description

**Position Title:** Coding/Reimbursement Specialist

**Reports to:** Revenue Integrity Manager

**Job Status:** Full-Time

**FLSA Status:** Non-Exempt

**Positions Supervised:** None

**Position Summary:** Oversee coding and reimbursement activities. Ensure accurate and timely coding and reimbursement in compliance with all applicable regulations. Supervise, train and direct all activities of coding and reimbursement processes.

### **Essential Functions:**

To accomplish this job successfully, an individual must be able to perform, with or without reasonable accommodation, each essential function satisfactorily. Reasonable accommodations may be made to help enable qualified individuals with disabilities to perform the essential functions.

- Coordinate and direct the activities of coding and reimbursement processes engaged in coding patient visits and patients to ensure timely, accurate and complete processing and payment of services.
- Achieve monthly audit goals and objectives, communicating findings to Revenue Integrity Manager as needed.
- Review a sampling of coded patient visits to ensure accuracy and completeness. Correct errors as they occur. Instruct Revenue Cycle team members to correct errors when appropriate and provide remedial instruction to prevent recurrent errors.
- Perform coding analysis of claims that have potentially been overpaid or paid incorrectly based on patient medical records.
- Monitor reimbursement of selected procedures routinely and continuously to identify changes in reimbursement patterns.
- Audit providers as they request and perform audits at the request of RCM and Executive Teams, communicating findings to Revenue Integrity Manager as needed.
- Report audit status for all assigned audits in progress and communicate any issues that may affect the accurate and timely audit of claims.
- Review monthly denial reports and troubleshoot payer/documentation solutions.
- Review procedure reports for errors and revenue opportunities.
- Communicate audit findings to providers.
- Conduct periodic medical record audits to ensure documentation is consistent with billing.
- Maintain reimbursement profiles from third parties and compare them with CVFP/LMMG fee schedules. Conduct an annual fee survey to compare fees with codes.
- Conduct ABN training for clinical team members and providers. Review ABN reports and monthly audit reports to determine if claims can or should be rebilled.
- Conduct follow-up training for clinical team members and providers if necessary.

- Maintain internal Medicare book with appropriate LCD and NCD updates and changes.
- Maintain knowledge of ICD and CPT code updates and changes and communicate changes to providers and team members as needed.
- Ensure coding and reimbursement policies and procedures comply with insurance contracts and current reimbursement regulations. Establish and modify policies and procedures as needed to ensure quality, compliance, accuracy and cost efficiency.
- Evaluate new services lines, review appropriate processes and reimbursement, and monitor said reimbursement if new service line is implemented.
- Maintain adequate coding and reimbursement department supplies and ensure cost effectiveness and efficiency.
- Respond to provider inquiries timely. Implement corrective action to resolve issues or problems as needed.
- Conduct regularly scheduled physician/APP education.
- Monitor, Review, Communication of RVU reports as needed
- Oversee distribution of coding and reimbursement newsletters and educational materials. Ensure information is accurate and timely. Respond to questions concerning the material.
- Conduct coding, reimbursement and documentation training for all team members.
- Resolve patient charge problems.
- Attend periodic training sessions and meetings pertinent to position.
- Perform all other duties as assigned.

**Competencies:**

- Knowledge of coding, reimbursement, billing and insurance requirements and regulations.
- Accuracy – Ability to perform work accurately and thoroughly.
- Communication – Ability to communicate effectively verbally and in writing.
- Compassion – Ability to be empathetic, kind, and patient. Communicates in a way that upholds the dignity of others.
- Computer Skills – Proficient ability to use a computer, Word, Excel, and electronic medical record.
- Confidentiality – Maintain patient, team member and employer confidentiality. Comply with all HIPAA regulations.
- Customer Service Oriented – Friendly, cheerful and helpful to patients and others. Ability to meet patients and others needs while following office policies and procedures.
- Decision Making – Ability to make critical decisions while following CVFP policies and procedures.
- Detail Oriented – Ability to pay attention to the minute details of a project or task.
- Enthusiasm – Ability to energetically and positively perform duties; actively contribute to the betterment of the organization.
- Flexibility – Ability to adapt easily to changing conditions and work responsibilities.
- Integrity – Displays honesty, trustworthiness, and accountability.
- Leadership Skills – Ability to influence others to perform their jobs effectively and to be responsible for making decisions.
- Positivity – Display a positive attitude and is a positive agent for change.
- Problem Solving – Ability to wholly resolve difficult and/or complex issues.

- Professionalism – Displays a positive and welcoming attitude, adheres to dress code policy, maintains composure in difficult situations and courteous interactions, and no gossiping.
- Teamwork – Work as part of a team and collaborate with co-workers.
- Working Under Pressure – Ability to complete assigned tasks under stressful situations.

**Education and Experience:**

- High school diploma or equivalent required
- Associate's Degree or higher preferred
- Coding and reimbursement experience required (3-5 years)
- Auditing experience required (1-3 years)

**Certification and Licensure:**

- Certified Professional Coder (CPC) certification required
- Certified Professional Medical Auditor (CPMA) highly preferred

**Work Environment:**

- Environmentally controlled business office environment
- Fast paced environment
- Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public

**Physical Demands:**

- Frequent sitting, writing, typing, grasping and speaking
- Occasional standing, walking, reaching, bending, stooping, lifting and carrying
- Lifting, carrying, pushing and pulling up to 15 pounds
- Frequent use of computer, keyboard, copy and fax machine and telephone

CHP has reviewed this job description to ensure that essential functions and basic duties have been included. It is intended to provide guidelines for job expectations and the team member's ability to perform the position described. It is not intended to be construed as an exhaustive list of all functions, responsibilities, skills and abilities. Additional functions and requirements may be assigned by supervisors, managers, directors or officers as deemed appropriate. This document does not represent a contract of employment, and CHP reserves the right to change this job description and/or assign tasks for the team member to perform, as CHP may deem appropriate.

**Team Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_