

Gateway Family Health Clinic, Ltd.

Job Description Form

Division/Department:	Collection Services	
Location:	Moose Lake	
Job title:	Hospital/Clinic Coding Data Specialist	
Reports to:	Collection Services Supervisor	
Salary Range:	Type of position: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contractor <input type="checkbox"/> Intern	Hours : <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt
General Description: ICD-10 and CPT/HCPCS coding of physician and mid-level provider charge tickets. Preparation for data processing and charge entry. Review of medical record for validation of appropriate coding procedure.		
Organizational Expectations: Understands, communicates, and follows the mission, vision and values of the clinic. Works cooperatively with clinic staff as part of a team environment. Prioritizes patient satisfaction and physician satisfaction in the delivery of work duties and responsibilities.		
Education Requirements: <ul style="list-style-type: none"> • High school diploma or accredited equivalent. • CCS-P, CPC certification. 		
Work experience Requirements: <ul style="list-style-type: none"> • At least two years in healthcare environment with responsibilities related to coding / billing / reimbursement of physician office services. • Understanding of medical coding, billing and documentation compliance. 		
Physical Requirements/Exposure potential: <ul style="list-style-type: none"> • Able to bend, twist, and lift up to 15 pounds weight. • Ability to sit for extended periods of time. • Potential hazardous exposure is minimal. 		
Responsibilities: <ul style="list-style-type: none"> • To provide excellent internal and external customer service to our patients, and the members of our staff. • To perform all duties and functions related to the coding, preparation and the data entry processes for physician, hospital, and surgical charges. • To assign appropriate ICD-10 diagnosis codes, CPT codes, modifiers, and any additional coding or data entry requirements necessary for clean claim submission. • To assure accurate and complete charge capture according to documentation listed in the EMR and other laboratory report billing comparisons. • To review EMR documentation with physician / nursing staff if questions arise during coding processes. • To review Carrier LMRP, Payer Coding Newsletters and to assist with staff education on an ongoing basis. • Responsible for reconciliation of outstanding encounters without claims on a monthly basis. • Assists with reference lab denials. • Reconciles reference lab statements to assure all charges have been captured. • Assists with coding denials • Tracks LCD/NCD changes and updates EHR as needed • Maintain confidentiality, as a priority.. • Other duties, as assigned. 		
Expectations: <ul style="list-style-type: none"> • To complete the clinic claims for Moose Lake, Sandstone, and Hinckley within department guidelines. Completion of hospital coding within department guidelines. (Goal 48 hour turnaround once supporting documentation complete). Reviewing supporting data to assure appropriate and compliant coding and billing practices. 		
2017	Coding Data Specialist	

