Michigan Surgery Specialists, P.C.

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Medical Coder Job Description

Role/Position Definition: Under general supervision, reviews medical records and assigns diagnostic and procedure codes using ICD-9-CM/ICD-10-CM (as applicable) and CPT-4 coding classification systems. Assigns and sequences all codes following coding guidelines published by the American Medical Association. Performs data entry utilizing multi-grouper encoding system as applicable. Adheres to America Health Information Management Association code of ethics.

Qualifications/Position Requirements:

- Education/Experience
  - High School Diploma / GED required
  - Graduate of an approved certified coding program preferred.
  - Minimum of 2 years coding experience required.
  - In lieu of 2 years of coding experience with schooling, a minimum of 3 years experience or CPC certification required.
- Maintain Licensure/Certification
  - Must possess one or more of the following certifications: CCS, CPC, COC, CPC-H, RHIA, RHIT

Duties and Responsibilities:

- Responsible for coding, abstracting, and sequencing the classification of medical and surgical procedures, diagnosis, and treatment modalities.
- Analyzes patient medical records and interprets documentation to identify all diagnoses and procedures. Assigns proper ICD-9-CM/ICD-10-CM and CPT-4, HCPCS diagnostic and operative procedure codes to charts and related records by reference to designated coding manuals and other reference material.
- Assesses the adequacy of medical record documentation to ensure that it supports the principal diagnosis, principal procedure, complications, and co-morbid conditions assigned codes.
- Utilizes the coding query process to physicians to request or clarify missing information.
- Develops, promotes and maintains a good working rapport with interdepartmental personnel as well as physicians, supervisors, patients, visitors, and other department areas within the facility.
- Recognizes and reports problems/issues using established lines of authority.
- Maintains and promotes professional competence through continuing education and other leaning experiences.
- Responsible to educate and inform professional staff on updated coding changes.
- Identify incomplete documentation in the medical record and formulate a physician query to obtain missing documentation and/or clarification to accurately complete the coding process.
- Monitor and resolve coding edits and denials in a timely manner to ensure optimal reimbursement.

- Make forward progress within the period toward meeting coding accuracy standards of the departments within the first year of employment. Meet appropriate coding productivity standards within the time frame established by management staff.
- Utilize standard coding guidelines, principles and coding clinics to assign the appropriate ICD and CPT codes for all record types to ensure accurate reimbursement. (i.e. use of coding clinics, CPT Assistant, etc) and to determine the level of acuity. Review coding for accuracy and completeness prior to submission to billing system utilizing CCI edits.
- Adhere to internal department and system-wide competencies, behaviors, policies and procedures to ensure efficient work processes. Actively participate in monthly coding meetings and share ideas and suggestions for operational improvements. Maintain continuing education by reviewing updated CPT assistant guidelines and updated coding clinics.