



Job Title	Medical Coding Specialist	Job Code	HS0725
Pay Plan	USPS	Pay Grade	18
Union	Non-Union	FLSA Status	Non-Exempt
Job Family	Health Services	Union Code	0
		Subfamily	Medical Support

Job Family & Subfamily Summary

Health Services Professionals provide services related to the diagnosis and treatment of patients and medical support functions.

Medical Support Professionals provide various administrative and office support functions for a clinical operation.

Job Summary

Directs and coordinates the overall functions of the collection department and the staff to ensure maximization of revenue. Responsible for the submission of information into the facility's database using medical coding protocol to produce a statement or claim.

Representative Duties

1.
 - Assures proper diagnosis and procedure assignment for all coded records using ICD-9-CM, ICD-10, and CPT-4 classification systems
 - Inputs patient information in the appropriate computer system(s) for billing and abstracting purposes
 - Maintains daily follow up of coded records that remain on unbilled reports, identifies account problems, and takes necessary measures to resolve identified billing problems
 - Responsible for "cleaning" claims prior to submission
 - Audits/corrects any edits that RealMed may generate
 - Communicates with physicians and other care providers to verify information/documentation
 - Reviews and assigns accurate diagnosis/procedure codes in the practice management system (EHR) to maximize revenue.
2.
 - Supervises collection personnel which includes work allocation, training, problem resolution, evaluates performance and makes recommendations for personnel actions
 - Motivates employees to achieve peak productivity and performance
 - Oversees proper orientation of new hires, provides and/or coordinates the provision of training for new and existing collection staff, on applicable policies, protocols, procedures and standards
3.
 - Supervises insurance billing
 - Meets billing financial standards by; monitoring charge entries, claims submissions, identifying variances, implementing corrective actions, and reimbursement management
 - Prepares and analyzes account receivable reports for insurances and patient balances
 - Supervises the reporting functions for collections; audits current procedures to monitor and improve efficiency of billing and collections operations
 - Manages all collection processes for outstanding patient charges, including medical/dental insurance claims, prescription insurance claims and self-pay patients

Education, Experience, Skill Requirements

	Required	Preferred
Education Level	High School Diploma or Equivalent	
Certification(s)	Certified Professional Coder	
Licensure(s)		
Work Experience		
2+ years of relevant experience		
Additional Requirements		

Physical/Environmental Demands

Standard office environment with no unique physical demands

This general outline illustrates the type of work that characterizes the job. The statements in this job description are not intended to be an exhaustive list of all duties, responsibilities and qualifications required of the job.