



CERTIFIED CODER Full-Time

Posting Number:	HR084113	Posting Date:	March 3, 2022	Date Available:	Immediately
Position Summary:	The Coder is responsible for timely, accurate and comprehensive review of services. Abstracts, analyzes, and assigns ICD-10-CM, CPT, HCPCS codes and appropriate modifiers for evaluation and management (E/M), minor procedures, and diagnostic tests by using either computerized or manual systems.				
Essential Job Duties:	Analyze patient records to assign appropriate diagnostic and procedure codes. Understand and utilize ICD-9, ICD-10-CM and CPT hospital coding principles. Search through notes on symptoms, history and physical reports, operative notes, pathology reports, and doctor orders to identify final diagnoses. Utilize available reference material to assure accurate hospital code assignment. Code records according to established hospital protocol. Notify supervisor that rebilling is required when a coding change (after finalization of an abstract) causes the DRG or APC to change. Document selected codes on face sheets. Research error log items and discover source of the issue. Review/Audit insurance denials related to coding questions in a timely manner, providing remedy as needed. Audit charges for new providers on 100% review for 30- to 90-day period. Educate new providers on fee ticket entry and appropriate coding as required. Diagnosis code accurately and carried to highest level of specificity; assign and report codes that are clearly and consistently supported by documentation in the health record. Follow compliance policies to code to the highest ethical/legal degree. Consult physicians for clarification and additional documentation prior to code assignment when there is conflicting or ambiguous data in the health record. Other duties as assigned.				
Qualifications:	Associate degree, bachelor's degree, or equivalent years of experience as coding specialist. Candidate should possess current professional coding credentials such as AAPC (Certified Professional Coder [CPC], Certified Coding Associate [CCA], Certified Outpatient Coder [COC]), PMI (Certified Medical Coder [CMC]), or AHIMA (Certified Coding Specialist-Physician [CCS-P], Certified Coding Specialist [CCS], Registered Health Information Administrator [RHIA], Registered Health Information Technician [RHIT]) or be able to obtain credentials within 6 months of hire. Candidate must have a minimum of 1-2 years' experience. Excellent verbal and written communication skills. Ability to meet accuracy and productivity metrics consistently. Ability to query physicians to clarify documentation when conflicting or incomplete information is found in the medical record. Proficient knowledge of medical terminology, ICD-10-CM, CPT, and HCPCS coding conventions. Basic understanding of anatomy, physiology, and disease processes. General understanding of payer billing requirements.				
Position Wage Range:	MIN: \$	21.14	MAX: \$	29.14	Sign-on Bonus: None
Schedule:	Days:	Monday – Friday		Hours:	8:00 am – 4:30 pm
Department/FTE:	Health Information Management			FTE:	1.00
Physical Requirements:	Please see full Job Description in Human Resources				
Benefit eligible?	YES				

INTERESTED CANDIDATES – PLEASE APPLY	
MAIL OR APPLY IN-PERSON:	Three Rivers Hospital Human Resources Department PO Box 577 507 Hospital Way Brewster, WA 98812 (509) 689-2517
APPLY ONLINE:	www.threerivershospital.net
HR CONTACT EMAIL:	opportunity@trhospital.net
<i>Three Rivers Hospital is an equal opportunity employer.</i>	