

JOB RESPONSIBILITIES



Assigns and analyzes ICD-10, HCPCS, CPT codes and modifiers to all assigned outpatient or inpatient records for all professional coding for AMG and hospital-based providers



Audits medical records for missing documentation, incomplete tasks and unordered codes to prevent loss of revenue



Verifies quality indicators are captured and coded to the highest specificity; educates providers when unspecified/missing code is used

REQUIREMENTS



1-year minimum coding experience in a physician office/outpatient hospital setting

RHIA, RHIT, CCA, CCS or CPC required preferred

Abstraction of codes preferred

PROFESSIONAL SENIOR BILLING SPECIALIST

Review, analyze and assign ICD-10 Diagnosis and CPT Codes for all E&M, procedural and surgery codes for professional billing. Code for professional inpatient versus observation status. Other responsibilities include revenue integrity functions, including charge capture, timely charge entry, revenue improvement initiatives and compliant documentation review.



AULTMAN