



JOB TITLE: Coding and Compliance Analyst
REPORTS TO: Business Office Supervisor
FLSA STATUS: Non-exempt
JOB OVERVIEW: Support and provide coding and compliance training to physicians, clinical personnel and billing staff, establish effective communications with physicians and clinical staff on coding issues and provide auditing services to ensure accurate and ethical coding of claims.

ESSENTIAL FUNCTIONS INCLUDE BUT ARE NOT LIMITED TO:

1. Audit physician medical records and charges to ensure compliance with coding standards.
2. Educate physicians and clinical staff to appropriate coding and/or documentation as required by medical review.
3. Development and documentation of an effective auditing and compliance program including standards of conduct with respect to ethical billing practices.
4. Development and application of written policies promoting the Clinic's commitment to Compliance and addressing specific areas of potential fraud.
5. Conduct periodic meetings with providers to include:
 - Chart reviews
 - Coding reviews for over/under coding patterns
 - Coding patterns in general and in specific
 - Revenue enhancement opportunities
 - Billing and insurance department workflow including re-billings and payments.
6. Address over coding and/or under coding issues individually with physicians and other providers.
7. Work closely with PAR IV's to complete new physician audits, including documentation review during first month and audit of charges to ensure coding accuracy.
8. Maintain the service code master with respect to codes, description, additions, deletions, and pricing.
9. Provide education to Physicians, clinic staff and PAR IV's as necessary regarding updates coding/billing changes.
10. Research individual reimbursement issues with carriers as needed or as identified by Business Office staff.
11. Randomly check EOB's for appropriate reimbursement rates.
12. Review supply/drugs costs to ensure clinic is billing appropriately.
13. Review clinic fee schedule as requested by Chief Financial Officer and make necessary adjustments.
14. Update fee tickets/templates as necessary with appropriate coding/documentation changes.

ADDITIONAL RESPONSIBILITIES:

1. Participate in special audits as instructed.
2. Work as a team member within the business office and all other departments.
3. Document work processes as required.
4. Perform other duties as assigned.

5. Provide coverage to PAR IV's at clinic locations as assigned.
6. Assist PAR III's with appeals by providing direction and supporting documentation.

QUALIFICATIONS:

Education: High school diploma or equivalent.

Certification/Licensure: CPC certification or equivalent required.

Experience: Minimum 3 years healthcare training and medical service coding experience.

Skills:

1. Medical terminology.
2. Ten-key and keyboarding skills.
3. Strong organizational and interpersonal skills including the ability to deliver difficult information positively.
4. Extensive knowledge of PC applications including Excel and Word.
5. Knowledge of RBRVS and insurance (i.e. Medicare, L&I, DSHS) reimbursement regulations.
6. Ability to establish rapport and trust in dealing with physicians and staff regarding coding issues.
7. Proficient in CPT, ICD - 10 and HCPC coding.

Other Requirements:

1. Ability to prioritize responsibilities.
2. Ability to multi-task efficiently and effectively.
3. Must be able to act calmly and effectively in a busy or stressful situation.
4. Ability to communicate effectively in the English language in person, by phone and in writing.
5. Knowledge of contracted insurance plans and procedures.
6. Requires adherence to all policies and procedures, including standards for safety, attendance, punctuality and personal appearance.
7. Must be able to establish and maintain effective working relationships with managers and peers.

Physical Requirements:

Hearing: Adequate to perform job duties in person and over the telephone.

Speaking: Must be able to communicate clearly to physicians and staff in person and over the telephone.

Vision: Visual acuity adequate to perform job duties, including reading information from printed sources and computer screens.

Other: Requires frequent bending, reaching, repetitive hand movements, standing, walking, squatting and sitting, with some lifting, pushing and pulling exerted regularly throughout a regular work shift.

The above is intended to describe the general content and requirements for the performance for this position. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements.

I have read the Coding & Compliance Analyst job description and understand the functions and objectives of the position.

Employee Signature: _____ Date: _____

THE DOCTORS CLINIC IS AN EQUAL OPPORTUNITY EMPLOYER