**Coding Specialist I**

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| **Primary Category:** | Administrative - Other |
| **Type of Position:** | Full-Time |
| **Education Requirement:** | High School/GED |
| **Experience Requirement:** | 1-2 years |
| **Description & Details** | |
| Want to be a part of a team that's making a difference across the community? [CHC] provides quality, integrated medical, dental and behavioral health services to everyone, regardless of income or insurance status. This is only made possible through our mission-driven, talented team. Because we support and value your time in and out of the office, it is important to us that our staff is given a healthy work-life balance. With a flexible schedule and excellent benefits including options for free healthcare, we hope you will consider joining our growing team.  **GENERAL RESPONSIBILITIES**  This role supports the patient financial services area of revenue cycle. Reviews posted charges and coding related to the daily clinic visits in the EHR/PM system. Effectively works through system charge errors to ensure data integrity and quality.  **ESSENTIAL DUTIES**   * Review and manually post charges for any non-electronic procedures. * Performs daily review of charge entry errors needing corrected or attended to in preparation for a clean claim. * Review accuracy and completeness of CPT and ICD coding. * Review chart notes to interpret and identify missing/incorrect coding * Corrects errors as appropriate or routes to appropriate staff or provider for correction. * Communicates significant errors or recurrent problems to Coding Supervisor and other appropriate personnel. * Participates in end of month data review for quality assurance and data integrity. * Timely review of missing documentation, coding and/or signature. * Review chart for missing charges held for injections, medications, labs, and tests to allow to process to billing review. * Provides direct support to PFS billing staff. Perform chart reviews for correct coding and billing practices.   Provides support to clinical staff, answering questions or resolving problems as needed.  **MINIMUM QUALIFICATIONS**   * Minimum 1 years' experience with ICD and CPT coding regulations. * High level of understanding clinical level and processes. * High level of understanding CPC guidelines for use of CPT, ICD and HCPC coding. * Ability to work with minimum supervision and direction. * Excellent communication skills. * Detail oriented with strong analytical skills. * Works well with others as a team player.   **PREFERRED QUALIFICATIONS**   * AACP Certification as a Certified Professional Coder (CPC) * Strong knowledge of Microsoft programs, including Excel, Word and Outlook * Excellent working knowledge of manuals, guidelines, and resources for coding | |