

JOB DESCRIPTION
BOULDER MEDICAL CENTER, P.C. - BOULDER, COLORADO

DEPARTMENT	JOB TITLE
Business Office	Business Office Certified Coder I

JOB SUMMARY - Under direct supervision of Business Office Manager. Perform any or all related duties, in accordance with Business Office policy and procedures.

JOB RESPONSIBILITIES **40%**

- 1) Demonstrate a high-level knowledge of ICD-9, HCPCS, CPT and modifier codes and stay current with all updates.
- 2) Maintain current and in good standing with coding certificate(s).
- 3) Remain updated and fluent with coding bulletins, newsletters and guidelines pertaining to specialties particular to BMC. Seek continuing education relevant to the position.
- 4) Demonstrate a high-level knowledge of HIPAA regulations and stay current with all updates.
- 5) Understand and be able to explain Medicare, Medicaid, Managed Care, PPO, HMO, TPA, and other insurance billing requirements.
- 6) In conjunction with the Business Office Manager and Coder II, notify providers/nurses of incorrect coding changes or coding strategies. Able to identify correctable coding errors and communicate to personnel an appropriate solution. Communicate to BO Manager any non-adherence by providers/nurses to advised coding methodology for possible managerial intervention.
- 7) Help with reviewing incoming charge sheets for obvious coding errors. Help to provide any missing information whenever possible. Direct staff to send charge sheets back to providers when codes or information is not readily available.
- 8) Help BO staff and the Coder II with appeals of denied claims to get timely reimbursements.
- 9) Respond daily to emails from BO Reps. concerning denied claims for coding errors. Work with the Reimbursement Analyst to identify reimbursement and coding problems.
- 10) Maintain organized, timely and meaningful records of coding activities. Consistently document all errors.
- 11) Make coding strategy recommendations to the Coder II to insure proper coding while optimizing reimbursement.

12) Perform all duties in accordance with business practices and approaches unique to BMC and their group practice status.

13) Maintains a working knowledge of the accounts receivable system, including PSM.

14) Demonstrates knowledge of insurance billing procedure guidelines, including OB protocol, to understand global surgery values and separate procedures, multiple, bilateral and modifiers.

15) Understand and competently operates the Electronic Medical Records system.

16) Maintains a flexible, open attitude concerning Electronic Medical Records.

17) Attends mandatory Electronic Medical Records training.

18) Participates in on-going Electronic Medical Records learning opportunities.

CUSTOMER SERVICE AND SELF MANAGEMENT

35%

1) Consistently works and communicates in a positive, cooperative, considerate and thoughtful manner with patients, co-workers, medical staff and management when providing information and services, seeking assistance and clarifying, offering solutions and resolving problems.

2) Enthusiastically contributes to teamwork necessary to complete BMC and business office functions, even if the approach or solution is not the easiest solution for the department, but is the best solution for the clinic.

3) Voluntarily offers advice, assistance when planning, implementing, evaluating problems, and their solutions.

- 4) Consistently available to receive and return telephone calls and emails from staff. Notifies absences to the Business Office Manager.
- 5) Dependable and uses good judgment in organizing and setting priorities for use of time at and away from desk.
- 6) Responds cooperatively to supervision.
- 7) Responds in a timely manner to meet turn around times for documents and requests that require a response: including e-mails and communication forms.
- 8) Consistently maintains cubicle/work area conducive to a professional environment.
- 9) Possesses the ability to resolve conflicts directly, quickly and completely. Able to discuss unpleasant issues with courtesy and tact. Capable of giving and taking criticism well. Able to keep energy level and emotional control at an even keel.

POLICIES AND PROCEDURES

10%

Observes the following BMC policies and procedures:

- 1) Attendance
- 2) Observes proper working hours
- 3) Telephone calls
- 4) Parking
- 5) BMC/ Business Office Dress code and guidelines
- 6) Safety/OSHA/HIPAA training
- 7) Confidentiality/Compliance

REQUIREMENTS

EDUCATION: High school graduate. AAPC or equivalent coding certificate

PREVIOUS EXPERIENCE: Coding experience and/or healthcare billing background

INITIAL TRAINING ON THE JOB: 3 months.

JUDGMENT, PLANNING, INITIATIVE REQUIRED: Must be knowledgeable about insurance, coding and HIPAA regulations. Must be able to analyze detailed applicable transcriptions/charts/charge sheets. Must use judgment and initiative in researching questionable charges and coding.

SKILLS/JOB KNOWLEDGE: Accurate typing - Computer experience - Operate office machines - Operate adding machine - Basic math aptitude - Detail oriented - Patience - Tact - Pleasant telephone voice and manner - Ability to initiate correspondence using appropriate grammar, etc. - Ability to coordinate the activities of the department.

CONTACT WITH OTHERS: Co-workers and Clinic personnel.

PHYSICAL REQUIREMENTS

Kneel or squat repeatedly. Getting into lateral files.

Bend or stoop repeatedly. Getting into files.

Have full use of both hands.

Repetitive motion of hands and/or wrist.

Ability to copy numbers in order.

Majority of job requires terminal work.
(Days/week 5 Hours/day 6-7)

Distinguish colors.

Good voice discrimination (i.e., telephone work).

Excessive deadline responsibility.