



Job Description

Position Title: Medical Billing Coder
Department: Medical / Dental / Mental Health / Optometry
Position Reports to: Billing Supervisor

Position Summary:

Review medical records utilizing ICD-9 and ICD-10 and CPT coding conventions. Audits medical records to ensure specificity of diagnoses and procedures, and to ensure appropriate and optimal reimbursement from proper payer types.

Responsibilities:

- Analyze medical records and ensure all appropriate International Classification of Disease (ICD-9 & 10) and /or current Procedural Terminology (CPT) coding for billing of proper patient programs.
- Enter and retrieve patient medical data from EPIC-Ochin System updating entries as necessary; audit medical record for accuracy and completeness, note deficiencies and refer for appropriate follow up and completion.
- Consult with physicians and other personnel on coding practices and conventions to provide detailed coding information or gather additional documentation; maintain comprehensive records of all communications regarding suggested changes.
- Research and initiate activity to resolve charges and coding issues, review difficult situations to determine the most appropriate codes.
- Recognize potential for additional coding revenue and initiate the change in the EPIC-Ochin System.
- Enter charges as recorded by back office or clinicians with in a timely manner; charges should be posted with 48 hours of patient visit.
- Post payments to patient's accounts within a timely period, review all denials and resubmit to correct payer.
- All denials need to be investigated and follow up notes entered into the MIS System of any changes.
- Review and track payments of all submitted billing, reconcile visits and payers records on a weekly basis.
- Assist patients on program eligibility and on billing information.



Observes CMOAR Appearance/Dress Standards.

- Observe regulations on time card use and reporting.
- Maintain attendance as a policy.
- Maintain a clean and safe work area.
- Observe general Safety/Employee Health policies and procedures.
- Maintain a current annual health screening.
- Observe CMOAR Appearance/Dress standards.
- Maintain the privacy and confidentiality of both client and employee with regard to medical records.
- Display clearly visible identification.
- Treat all patients with respect and dignity and adheres' to the Patient Bill of Rights.
- Treats all employees with respect and dignity in accordance to non-discriminatory policy and procedure.
- Treat all employees/clients in a courteous and professional manner.
- Conduct only work related conversations when clients are waiting for service.
- Do not discuss other staff members, policies, problems or medical care in public areas of clinic.

Qualifications/Requirements:

- High School graduate or equivalent.
- Associate Degree or two years of HIT college level coursework preferred
- Knowledge of Medical Terminology and Anatomy & Physiology required
- Knowledge of Title 22 medical record regulations preferred
- Knowledge of Confidentiality and rules regarding HIPAA and State and Federal governing release of medical information required
- Minimum two (2) years of continuous, relevant ICD/CPT coding experience in an acute care facility within the last five (5) years is required
- System oriented experience in use of computerized medical records abstracting, encoding and database systems
- Must provide proof of up-to-date COVID-19 vaccinations including recommended doses in the primary series AND booster dose when eligible.

Licenses/Certifications

AAPC American Academy of Professional Coders (CPC)

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