**Cayuga Medical Associates**

**Job Description**

**Job Title: Certified Professional Coder**

**Purpose:** The Certified Professional Coder is responsible for clinical coding of multiple specialties (including outpatient services, procedures, inpatient services, admits, consults, critical care, etc.) utilizing the proper CPT, ICD-9-CM and ICD-10-CM, HCPC’s and modifiers. Responsibilities include providing on-going education to all providers and their staff relative to documentation and billing functions, internal and external regulations, and documentation issues, as directed by the Coding Manager. CPC required. Associates/Bachelor’s Degree preferred.

**CMA Pledge to Service Excellence:**

All CMA employees are required to display the following cornerstones in representing themselves as an employee of Cayuga Medical Associates:

* *Patient- Centered Excellence*: We will provide exceptional and compassionate care, one patient at a time.
* *Teamwork*: We will work together as a cohesive team.
* *Safety:* We will maintain a safe, clean, and welcoming environment.
* *Respect:* We will maintain a respectful and peaceful atmosphere.
* *Professionalism*: We will act in a professional and positive manner.

**Essential Job Functions:**

* Activities related to abstraction and charge submission of professional services.
* Conducts special reviews of medical records as needed by the Coding Department.
* Reviews documentation to ensure accurate coding of procedures and diagnoses in accordance with ICD-9-CM/ICD-10-CM and CPT manuals.
* Initiates measures to bring documentation into compliance under the Coding Manager’s direction.
* Establishes and implements procedures to facilitate appropriate charge submission for inpatient/outpatient services, maintaining a 95% accuracy score in charges submitted as monitored by the Coding Manager.
* Establishes and maintains a system to track and analyze everyday workflow.
* Assures all charges have been entered by performing monthly reviews to compare scheduled visits/procedures with charges entered.
* Performs ongoing medical record review, using documentation guidelines, to evaluate overall quality and completeness of documentation.
* Serves as a resource to all staff to keep them informed of legislative and procedure changes affecting reimbursement.
* Prepares weekly status report for Coding Manager relative to activity, revenue, compliance, lost revenue, etc.
* Attends all Coding Department Meetings, educational sessions, assists other coding staff with issues/reimbursement guidelines as needed.
* Responsible for all site claim rejections – including research, education, corrections necessary to accurately finalize the claim.
* Keep current with education requirements associated with credential.
* Successfully complete ICD-10-CM proficiency assessment.

**Knowledge, Skills, and Requirements:**

* Current certification as a CPC-A, CPC or at least five years of experience in the medical billing and coding field, with the requirement of obtaining CPC credential within 12 months of employment
* Excellent oral and written communication skills
* Ability to process large quantities of data into succinct reports for presentation
* Ability to work independently to meet quotas, goals and deadlines
* Knowledge of third-party physician reimbursement procedures
* Knowledge of Coding Conventions and Guidelines
* Knowledge of Microsoft Word, Microsoft Excel
* Ability to work well with others, as well as ability to work independently
* Ability to communicate clearly and effectively to physicians, supervisors and office staff
* Ability to work focus in an environment that may cause distraction
* Excellent problem solving skills
* Effective time management skills
* Willingness to be challenged and learn new things

**Physical Requirements:**

* Prolonged sitting, some bending, stooping and stretching
* Eye/hand coordination and manual dexterity sufficient to operate a keyboard, photocopier, telephone, calculator and other office equipment.
* Work requires frequent exposure to visual strain due to close inspection of forms, documents and computer use.

**Working Environment:**

* Pleasant conditions; comfortable indoor climate with suitable equipment and tools to carry out the responsibilities of the job.
* Local travel between locations may be required 2-3 days per week.

I have reviewed the above job description and accept this position with the acknowledgement that I am willing and able to meet all requirements and expectations.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_