



Position/Job Title: Coding Auditor
Reports to: Associate Executive Director
Posting Date: 04/28/2022
Job Code: 200
Pay Class/Status: Independent Contractor

Summary:

Reporting to the Associate Executive Director, the Coding Auditor is responsible for documentation review and analysis to support accuracy of medical coding documentation. The Auditor will review professional encounters to compare ICD-10 diagnosis codes to physicians' documentation to validate the accuracy of coding. The Auditor will provide coding recommendations and educational support for all physicians to ensure clinical documentation and coding accuracy meets coding and regulatory guidelines.

Essential Functions:

1. Perform periodic and ongoing audits of claims to ensure accuracy of coding and billing, and sufficiency of supporting documentation.
2. Audit a random sample with a specified number of records per coder.
3. Analyze patient medical records to identify procedures and physician diagnoses.
4. Audits medical record documentation to identify under-coded and up-coded services.
5. Identify trends and possible educational opportunities.
6. Service as a subject matter expert regarding payer reimbursement methodologies and official coding requirements.
7. Provide feedback on the results of auditing.

Additional Responsibilities/Duties:

(The following examples are intended to be descriptive but not restrictive.)

1. Demonstrates commitment to providing outstanding customer service in a manner that is reflective of IHP's mission, vision, values, organizational context, code of conduct, and customer service standards.
2. Identifies opportunities for continuous improvement, develops related plans of action, and implements process and documentation improvements.
3. Demonstrates knowledge of health plan coding requirements and regulations under commercial, Medicaid, and Medicare programs.
4. Maintains a working knowledge of applicable Federal, State and local laws and regulations, IHP's Compliance Program & Code of Conduct as well as other policies and procedures, in order to ensure adherence in a manner that reflects honest, ethical and professional behavior.
5. Performs related duties as assigned.

Education/Experience:

Required Education and Experience:

1. Associate degree in business or related field or in another field with requisite experience required.
2. Two (2) years of related professional experience, including a strong working knowledge and experience in medical coding, claims processing, claims auditing is essential.
3. Certified Professional Coder (CPC), CCS, RHIT or RHIA.
4. Strong knowledge of coding requirements for various bill types include revenue, CPT, HCPCS, and ICD-10 codes.
5. Experience and/or ability to work with diverse populations.

Preferred Education and Experience:

1. Bachelor's Degree in business or accounting.
2. Five (5) years' experience in one or more of the other areas of medical billing/coding, claims processing, or experience working in a medical practice is preferred.

Professional Competencies, Licensure/Certification, Etc.:

Competencies:

Communication skills	Analytical skills
Interpersonal skills	Grammar and spelling skills
Customer relations skills	Critical thinking skills
Computer skills	Organizational skills
Microsoft Excel, Word, Access	Basic math skills
Demonstrate and maintain high level of accuracy	Time management skills
Conflict resolution skills	

Other Requirements:

This job may have additional requirements for working on-site or embedded within a member practice or business partner and will be considered an alternate work site. Must be able to work independently with a great deal of autonomy. Additional requirements may vary based on facility or regulatory requirements for the alternate work site.

Work Environment:

This job operates in a professional office environment and may also include remote work periodically. This role routinely uses standard office equipment such as computers, phones, photocopiers, filing cabinets and fax machines.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

This is largely a desk-bound role; however, frequent movement throughout the office is required. Frequent sitting, standing, and walking are daily activities. Some bending and filing may be required. This would require the ability to lift files, open filing cabinets and bend or stand as necessary

Position Type/Expected Hours of Work:

This is a contract position. Days and hours of work are Monday through Friday. Hours of operation are typically 8:00 a.m. to 5:00 p.m. Work hours may vary by position with some positions requiring extended workdays depending on business needs.

Travel:

This position requires up to 25 percent travel. Majority of travel will be in Southwest Michigan; however, additional travel may be required as needed.

The above statements are intended to describe the general nature and levels of the work performed and are not exhaustive lists of all duties, responsibilities, knowledge, skills, and abilities and working conditions associated with the job. As changes occur IHP reserves the right to modify the above description.