VILLAGE OF HEALING MEDICAL CODER

Village of Healing is a 501c3 community development organization with a new approach to community wellness. By focusing on healing and empowering individuals in the village, we work to eliminate social determinants of health and decrease health disparities through implementing community programming, advocacy, and collaboration. Our vision is to offer all members of the community life-empowering skills through multiple sources and mediums that will in turn heal and empower the village. We also work to ensure our constituents are equipped to lead healthy lives that thrive beyond survival.

POSITION SUMMARY:

We are seeking a Medical Coder to join our team. To be responsible for abstracting office visits/procedures and claims reimbursement. Ensuring all correct compliant coding and payor guidlenes are followed. Also identifying any documentation errors to educate providers. The ideal candidate is detail-oriented with strong people skills and computer skills.

SUMMARY OF RESPONSIBILITIES:

- Accounts for coding and abstracting of patient encounters, including diagnostic and procedural information, significant reportable elements, and complications.
- Researches and analyzes data needs for reimbursement.
- Analyzes medical records and identifies documentation deficiencies.
- Reviews and verifies documentation supports diagnoses, procedures and treatment results.
- Identifies diagnostic and procedural information.
- Audits clinical documentation and coded data to validate documentation supports services rendered for reimbursement and reporting purposes.
- Assigns codes for reimbursements, research and compliance with regulatory requirements utilizing guidelines.
- Follows coding conventions. Serves as coding consultant to care providers.
- Identifies discrepancies, potential quality of care, and billing issues.
- Researches, analyzes, recommends, and facilitates plan of action to correct discrepancies and prevent future coding errors.
- Identifies reportable elements, complications, and other procedures.
- Serves as resource and subject matter expert to other coding staff.
- Provides ongoing training to staff as needed.
- Handles special projects as requested.

--

Education, Experience, and Licensing Requirements:

- At least 2 years experience in coding for Ob/Gyn, family medicine, and mental health
- CPC, CCS, RHIT or equvalient
- High school diploma,
- Experience in medical records, claims and billing
- Previous medical office experience required
- A strong understanding of medical terms
- Proficiency in computer skills including typing speed and accuracy
- Mathematics skills
- Excellent written and verbal communication skills
- Organizational skills
- Ability to maintain a high level of integrity and confidentiality of medical information
- Strict attention to details

‒‒