



# Example of Coder Medical Records Job Description

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Our company is looking to fill the role of coder medical records. Thank you in advance for taking a look at the list of responsibilities and qualifications. We look forward to reviewing your resume.

## Responsibilities for coder medical records

- Review and research the complex (problematic coding that needs research and reference checking) medical records and accurately code the primary/secondary diagnoses and procedures using ICD-9-CM/ICD-10 CM and/or CPT, HCPCS coding conventions and payer specific coding guidelines
- Develop and maintain a thorough understanding of payer specific guidelines as it pertains to edit review and denial management
- Establishes the primary and secondary diagnosis and procedure codes for billable outpatient encounters following applicable regulations, instructions, and requirements for allowable reimbursement
- Continuously maintain an hourly productivity average consistent with the departmental coding standards (The productivity standards will be available in the Radiology Coding Billing Office)
- Review, research and correct insurance company coding denials
- Other coding and billing related duties or projects as assigned
- Review medical record documentation and accurately code the primary/secondary diagnoses using ICD-10-CM coding conventions
- Consult with clinicians and colleagues on coding practices and conventions in order to provide appropriate coding information
- Identify coding and documentation deficiencies/opportunities and notify providers to communicate suggested coding improvements to enable compliance and billing
- Assist with the continuous quality improvement process to identify coding training needs of facility staff and providers

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- CCS (Certified Coding Specialist) or
  - RHIA, RHIT, CCS, CCS-P and/or CCA
  - 3-5 years recent coding experience in an acute care hospital setting
  - CPC (Certified Professional Coder) or any other coding certification through AAPC or AHIMA required
  - Nursing or clinical experience preferred
  - Review and provide CPT and ICD10 code abstracting for Outreach Anatomic Pathology cases to ensure regulatory compliance is satisfied prior to reporting and billing