Example of Coding Auditor Job Description

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Our growing company is searching for experienced candidates for the position of coding auditor. Thank you in advance for taking a look at the list of responsibilities and qualifications. We look forward to reviewing your resume.

Responsibilities for coding auditor

- Providing a comprehensive assessment and evaluating for all co-morbidities that would be expected based on the patients history
- Clinical documentation accurately reflects co-morbidities presented by a patient
- Claims are accurately coded to reflect all co-morbidities documented in the patient record
- Working directly with the ACO physician practice to ensure that all patients, attributed to a practice, with a history of a comorbid or chronic conditions are scheduled for at least an annual well visit for the reassessment of such condition
- This position will require local travel within the AHS system to physician offices
- Reviews medical records to determine accurate required abstracting elements (facility/client/payer specific elements) including appropriate discharge disposition
- Abstracts accurate required data elements (facility/client specific elements) including appropriate discharge disposition
- Develop competencies and quality assessment tools for education/compliance requirements
- Identify areas for documentation improvement and provide feedback to management and administration
- Serve as Epic superuser and recommend system modifications to improve the organization's coding functions

- 1.8 Review medical record documentation so that coding substantiates appropriate reimbursement of accounts receivables
- 1.12 Coordinate completion of billing reminders to ensure timely resolution of coding/billing issues
- Must have prior accreditation/credentialing (CPC, CPC-A, CCS-P)
- Highly knowledgeable and experienced in the areas of ICD - 10 - CM and PCS, CPT and HCPCS coding systems
- Must possess and maintain certification as a Certified Coding Specialist-Physician-based (CCS-P) from the American Health Information Management Association (AHIMA) or a Certified Professional Coder (CPC) from the AAPC
- 2 years minimum of medical chart review experience is required