

- **Medical Coder II #2019-36 (BHHC)** Reviews the Electronic Health Record (EHR) of patients, analyzes, verifies diagnostic and procedural codes and medical documentation to meet Medicare, Medicaid and private insurance payment guidelines. Performs ICD-10-CM, CPT and HCPCS coding for reimbursement. Ensures compliance with coding guidelines, third party reimbursement, regulations and accreditation guidelines. Thorough knowledge of (ICD-10-CM (69,099 codes), CPT and HCPCS codes, coding guidelines, anatomy, medical terminology, and physiology for an outpatient setting. Skill in correlating generalized observations/symptoms (vital signs, lab results, medications, etc.) to a stated diagnosis to support correct code from the ICD-10-CM codes. Requires knowledge of the business use of computer hardware and software to ensure the effectiveness and quality of processing data. Must have a high school diploma or GED. Successful completion of a Medical Coding Program. Must possess a CPC (Certified Professional Coder), CPC-P(Certified Professional Coder-Physician), CPC-H(Certified Professional Coder-Hospital), CPC-A (Certified Professional Coder-Associate), CCS(Certified Coding Specialist) or CCS-P(Certified Coding Specialist-Physician). Have one to three years' experience in Coding and PCC data entry. Have clerical, communication skills, knowledge of medical coding guidelines and legal principles. Experience in abstracting medical records, medical terminology, anatomy and physiology.