

Position Title: Medical Billing Coder

Status: Full-time, exempt

Responsibilities: Reporting to the CFO and working very closely with the AR Business Manager, the Coder will be responsible for front-end coding functions and abstracting patient records in accordance with established ethical and clinical coding guidelines. Inquire providers for clarifying information for complete and accurate documentation. Ensures that charges are captured correctly and accurately and promote timely billing.

Essential Duties:

- Reviews records and EHR documentation to ensure proper submission of services prior to billing on pre-determined selected charges
- Applies CPT, ICD-10-CM diagnosis and HCPC codes on all diagnoses and services provided
- Utilizes correct and updated coding practices file 'clean' claims improving cash flows
- Analyzes provider documentation to assure the appropriate Evaluation & Management (E&M) levels are assigned using the correct CPT code
- Evaluates the record for documentation consistency and adequacy and that the final diagnosis accurately reflects the care and treatment rendered
- Provides feedback to providers on documentation issues and train them with correct coding
- Keeps abreast of coding guidelines and reimbursement reporting requirements
- Adheres coding guidelines and legal requirements to ensure compliance with federal and state regulatory bodies
- Attends all mandatory in-services provided by SVCHC and participates in professional development activities

Qualifications:

- Certified Professional Coder [CPC] with AHIMA or AAPC in good standing or similar
- High School Diploma or higher and 2 years relevant experience as biller and coder
- Two years' experience with ICD-10, CPT, E/M documentation guidelines, CCI edits, HCPC and experience with FQHC or community health clinic is highly desirable
- Medicare/Medi-CAL, FPACT or state funded health programs and commercial insurances
- Knowledge of anatomy and physiology to interpret general medical classifications and codes
- Strong communication skills and effective style working with providers and staff
- Great problem solving skills, independence and 'can do attitude'

Additional requirements:

- Knowledge of billing practices required, FQHC billing is highly desirable
- Knowledge of medical records, EHR required, NextGen preferred
- Extensive knowledge of official coding conventions and rules established by the American Medical Association (AMA), and the Center for Medicare and Medicaid Services (CMS) for assignment of diagnostic and procedural codes.
- Must have good math and effective communication skills and proficiency in database system
- May be asked to work outside normal hours during month-end closing, year-end and audits
- Ability to type and distinguish letters, numbers and symbols within normal range of vision
- Requires prolonged standing and sitting and use of keyboard and computer
- Maybe be asked to support billing and collections when necessary

Sonoma Valley Community Health Center (SVCHC) is a non-profit 501(c) (3), free-standing primary health care center. The Health Center provides medical care and preventative services to people of all ages: newborns, children, teenagers, childbearing women, adults and the elderly. SVCHC is the only "safety net" provider serving the residents of the Sonoma Valley and the only primary care provider in Sonoma Valley currently accepting Medi-Cal and uninsured patients.