Risk Adjustment Coder

Function:

HCC/Medicare Risk Adjustment Coders abstract information and assign ICD-10 CM codes from provider documentation and report data using specific software. This position acts as a resource for other critical departments including: Utilization Management, Medical, Claims, Contracting, Information Services, Network Management & Medical Data Management.

The Risk Adjustment Coder is responsible to ensure the organization authorizes and processes claims based to HCC coding guidelines. This position will participate in internal & external record audits as directed and monitor systems and medical records to ensure they are current and provider documentation conforms to regulatory and procedural requirements.

The Risk Adjustment Coder will utilize advanced knowledge of professional coding to review and recommend changes to systems and policies/procedures in order to ensure current and appropriate coding guidelines are maintained. Coders work onsite and conduct local onsite audits/chart reviews at provider offices.

Primary Responsibilities:

- Fluent in English/Vietnamese
- Primarily code from final procedural reports signed by the provider.
- Review the complex (problematic coding that needs research and reference checking) medical records and accurately codes the primary/secondary diagnoses and procedures using ICD-10-CM and/or CPT coding conventions.
- Maintain a thorough understanding of anatomy and physiology, medical terminology, disease processes and surgical techniques through participation in continuing education programs to effectively apply ICD-10-CM and CPT-4 coding guidelines to outpatient diagnoses and procedures.
- Provide real-time feedback to procedural providers as it pertains to proper coding and clinical documentation of services performed.
- Contacts appropriate personnel for clinical documentation inefficiencies.

Experience:

- Working knowledge of ICD-10 CM Code Set
- Working knowledge of Medicare Risk Adjustment
- Willing to train the right candidate
- Excellent communications skills.
- Must be able to work independently

Education:

- Completion of an approved medical billing and coding course.
- Strong knowledge base of medical terminology, medical abbreviations, pharmacology and disease process.
- Preferred license or certification
  - CPC-A
  - CPC
  - CRC