

<b>Job Title:</b> Claims Adjudicator & Coding Specialist	<b>Department:</b> Claims	<b>Effective Date:</b> November 7, 2018
<b>Reports to:</b> Claims Manager	<b>Direct Reports:</b> None	<b>FLSA:</b> Non-Exempt
<b>Working Conditions:</b> Normal, no adverse or hazardous conditions.		

**Primary Purpose:**

To process the medical claims of the company's IPA clients pursuant to designated production requirements for accuracy and productivity benchmarks. Performs coding review of medical records to ensure proper coding standards are enforced.

**Principal Duties and Responsibilities (\* = essential functions):**

- To adjudicate medical claims per departmental policies utilizing the Company's in-house claims processing system. Verifies patient's accounts for eligibility and benefits; requests additional information as needed for incomplete claims and follows up on outstanding requests.
- To perform coding review of claims requiring medical records review and document coding decisions in the claim notes.\*
- To perform VE report review and IPA claims payment pre-check report review as assigned.
- To complete all steps above within designated timeframes and notify management if claims cannot be processed within the designated time frame.\*
- To treat peers, superiors, subordinates, clients and vendors with fairness, courtesy and professionalism and contribute to the overall positive work environment of the department and the Company.\*
- To complete other production projects as assigned by supervisor.

**Job Specifications (KSAs):**

- Requires the ability to speak, read, write and understand English and other general educational skills as is generally obtained by completing high school or a GED.
- Extensive knowledge of managed care claims processing as is generally obtained through 1-3 years claims experience.
- Requires knowledge of Virtual Examiner system
- Requires medical coding certification (AAPC or AHIMA), or educational equivalent

**Position Performance Criteria:**

1. Demonstrates excellent interpersonal skills as discerned through observation and team project successes.
2. Accurately interprets and applies departmental policies and procedures using sound judgment as is related to claims processing.
3. Communicates clearly, professionally and respectfully to peers, superiors, subordinates and clients.
4. Efficiently organizes and prioritizes workflow.
5. Provides constructive feedback on work projects assigned.

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6. Consistently produces accurate and timely work product as it relates to departmental goals.
7. Demonstrates high reliability through consistent punctuality and attendance.
8. Demonstrates overall professionalism in attitude, demeanor and personal appearance.