PHYSICIANS DATATRUST

Job Title: Risk Adjustment Coder	**Department:** Risk Adjustment and Quality	**Effective Date:** **October, 2022**
Reports to: Risk Adjustment Manger	**Direct Reports:** none	**FLSA:** Non-Exempt
Working Conditions: Normal, no adverse or hazardous conditions.		

To abstract information and assign ICD-9/10 CM codes from provider documentation and report data using specific software. This vital position is an important resource for other critical departments including: Utilization Management, Medical, Claims, Contracting, Information Services, Network Management & Medical Data Management.
The HCC 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.
Coders work **remotely** but are required to conduct and attend **local onsite audits/chart reviews at provider offices.**
Requirements

- Effectively utilize integrity and consultative skills to maintain excellent interpersonal relationships with the client, various departments and at all levels of the organization.
- Abstract coding information from EMR or handwritten medical charts effectively and efficiently.
- Must have strong analytical, problem solving and research skills; the ability to utilize creative thinking and to reprioritize workload as needed.
- Must be detail oriented, and have the ability to work independently with highly confidential information per HIPAA regulations with minimal supervision.
- Manage and tracking of multiple tasks in an efficient manner to ensure completion of all assigned projects.
- Effectively utilize computer and appropriate software to capture risk adjustment codes.

Position Responsibilities

- Assist with provider training in regards to regulations for appropriate coding of medical bills and documentation required to support proper claims submission and prompt, accurate payments to Providers.
- Abstract coding information from EMR or handwritten medical charts effectively and efficiently. Provide feedback to Risk Adjustment Manager for provider education.
- Interacts with other departments regarding conflicting, ambiguous, or non-specific medical documentation identified.
- Interact with peers face-to-face, over the phone and in writing in a manner that is productive and professional.
- Have exceptional oral and written communication skills, professional polish and interpersonal skills.

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- Provide clear, concise instruction to individuals of varying skill levels both internally and externally.
- Special projects and other duties as assigned.

Experience & Education

- CCS-P, CPC or CRC Credential or a least 1 year by AHIMA or AAPC required.
- Familiarity of state and federal laws, professional standards, and accreditation standards is necessary.
- Training program development and presentation skills preferred.
- Medical chart auditing experience and knowledge of coding and compliance standard is required.
- Knowledge of medical terminology, human anatomy/physiology.
- Working expertise of fundamental principles of writing and grammar, including proper report and correspondence format, correct spelling and proper word usage, grammar, punctuation, and sentence structure.