



## JOB DESCRIPTION

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**Job Title:** Certified Professional Coder

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**Classification:** Non-Exempt

**Department:** Billing Office

**Reports To:** Revenue Cycle Director

**Job Summary:** This position will support our billing team with all phases of the revenue cycle from coding to charge entry to collections.

**Primary Job Responsibilities:**

- Evaluation, coding and monitoring of physician's professional coding of E&M, operative reports, and other CPT, HCPCS, Modifier and ICD-10 procedural codes for accuracy.
- Interprets and analyzes OP report and medical record documentation.
- Applies correct coding principles as defined by regulatory agencies and standards of ethical coding.
- Identify both Clinical and Surgical documentation improvement opportunities.
- Communicate daily coding changes to Provider.
- Provide coding education to Providers and Staff including CPT updates, medical policy updates
- Assist in denials related to coding issues.
- Participate in quality management activities.
- Consistently achieve coding accuracy of 95% or higher

**Performance Requirements:**

*Knowledge:*

1. Extensive knowledge in CPT and ICD-10, and HCPCS coding system/guidelines
2. Extensive knowledge of coding guidelines, regulations including compliance and reimbursement.
3. Knowledge and understanding of how to integrate medical coding and payment policy changes into practice reimbursement processes.
4. Knowledge of anatomy, physiology and medical terminology
5. Knowledge in HIPPA privacy requirements.

*Skills:*

1. Meticulous attention to detail
2. Skill in operating office equipment.
3. Skill in organizational matters including time management, prioritization, and multitasking.
4. Skill in writing and communicating complicated coding issues effectively.
5. Skill in problem-solving.

*Abilities:*

1. Ability to competently use Microsoft Office, including Word, PowerPoint, Excel, and appropriate practice management software, email and internet.
2. Ability to work effectively under time restraints
3. Ability to establish and maintain effective working relationships with peers, patients, physicians, clinical staff, and the public.

**Education:**

High school diploma or general equivalency diploma (GED)

**Experience:**

Professional Coding Certification through APPC or AHIMA. Two to three years' experience in physician E&M and surgical coding. Spine and Neuro specific coding experience preferred.

**Work Environment:**

Medical office, well lighted and ventilated. Work may be stressful due to a busy office. Involves frequent contact with staff and patients.

**Physical Requirements:**

Must be able to sit at computer for long period of time.

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