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| <b>Job Position:</b> Medical Coder      | <b>Status:</b> Part Time/Non-Exempt     |
| <b>Division:</b> Health Department      | <b>Salary:</b> Based on Experience      |
| <b>Posting Date:</b> September 10, 2020 | <b>Closing Date:</b> September 25, 2020 |

### **Job Description**

#### **Summary:**

The Medical Coder is responsible interpreting, analyzing, and assigning diagnostic and procedural codes. The coding function is a primary source for data and information in the Tunica Biloxi Tribe outpatient clinic. The Medical Coder will promote continuity of medical care, and ensures compliance with third party reimbursement policies, regulations and accreditation guidelines.

#### **Essential Duties and Responsibilities** include the following.

- Performs comprehensive quantitative analysis by reviewing health records (paper and/or electronic) to assure the presence of all component parts of the ambulatory visit record; including correct identification and validation and the presence of all reports which appear to be indicated by the treatment rendered
- Performs comprehensive qualitative analysis by evaluating the ambulatory visit record for documentation consistency and adequacy. Ensures the final diagnosis accurately reflects the care and treatment rendered and documented within the health record.
- Reviews the health record for compliance with established third party reimbursement agencies, special screening criteria, inconsistencies or discrepancies and recommend appropriate modifications to include medical necessity under the Correct Coding Initiative (CCI).
- Assigns and sequences a variety of codes including but not limited to International Classification of Disease (ICD-9-CM & ICD- 10-CM), Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) codes based on the medical record analysis. Ensure diagnoses are complete and documented according to established procedures.
- Analyzes and abstracts information from the health record to identify secondary complications and co-morbid conditions to assure appropriate assignment.
- Makes the final determination the medico-legal requirements of the health record is complete, accurate and reflects sufficient data to justify the diagnosis and warranted treatment.
- Abstracts and enters all data for coding, billing, statistical and governmental reporting measures required by regulatory agencies. Responsible for coding, abstracting and data entry utilizing various computer information systems simultaneously.
- Runs error reports to ensure data is transported to the data center. Makes corrections to the error reports.

- Performs audits to ensure consistency of provider documentation trends, coding peer reviews, and reimbursement denials. Provides reports of findings and feedback.
- Assists in the development and modification of facility coding policies and procedures.
- Works with the healthcare providers to maintain Superbill and Pick Lists within the RPMS/EHR.
- Maintains open lines of communication with the Business Office staff on reimbursement issues as they arise and the validity of the information in the database.
- And all other duties as assigned.

**Competencies:**

- Maintain absolute confidentiality, adhering to HIPPA guidelines and the Privacy Act
- Skill in correlating pharmacy, laboratory, radiology, treatments and results with diagnoses.
- Skill in data collection to compile and organize information for reporting and presentation
- Medical terminology approved medical abbreviations, pharmacology, anatomy and physiology, disease processes, and the metric system
- Classification systems and references to accurately code and classify diseases, operations and procedures. .
- Official coding conventions and guidelines established by the American Medical Association (AMA), Centers for Medicare and Medicaid Services (CMS), Office of the Inspector General (OIG) and Indian Health Service (IHS) for assignment of diagnostic and procedural codes.
- Health Information Management (HIM) theory, principles, practices, techniques, concepts and policies to analyze the medical record and participate in performance improvement activities.
- Medico-legal aspects of health information management systems.
- Medical record quantitative and qualitative analysis procedures.
- Operating the computerized data entry and information processing systems.
- Accreditation Association for Ambulatory Health Care (AAAHC) standards, Centers for Medicare and Medicaid (CMS), Office of the Inspector General (OIG) and Indian Health Service (IHS) policies to ensure the record complies with regulatory requirements.
- Health Information Technology for Economic and Clinical Health Act (HITECH) regulations and requirements in regards to the incumbent's rights, responsibilities and possible penalties when patient confidentiality is violated.

**Qualifications:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

### **Education/Experience:**

- Certification in Medical Coding is required AND
- Minimum one year administrative experience in coding in a health care organization
- Must be familiar with healthcare systems, including the Resource Patient Management System (RPMS), Patient Care Component (PCC) applications, the RPMS/Electronic Health Record (EHR), 3M Encoder, the Internet and various other applicable software applications.

### **Certificates and Licenses:**

- Must possess a valid State Driver's License
- Must successfully pass a criminal background check
- Medical coding certification
- HIPPA Certification is required

### **Supervisory Responsibilities:**

This job has no supervisory responsibilities.

### **Work Environment:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually moderate.

### **Physical Demands:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. This is primarily a sedentary position; sitting for long periods of time is required. There may be some walking and must be able to lift up to 5-10lbs. Candidates must have good eye and hand coordination

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

*This is not an exhaustive list of all duties and responsibilities associated with it. The Tunica Biloxi Tribe of Louisiana reserves the right to amend and change responsibilities to meet business and organizational needs.*

**PREFERENCE WILL BE GIVEN TO QUALIFIED NATIVE AMERICAN INDIANS  
Proof of tribal citizenship is required to be deemed preference eligible.**

### **SELECTION PROCESS:**

All Tunica-Biloxi Tribal positions are competitive. All employment applications and supportive employment material will be evaluated based on the relevance of the applicant's qualifications and experience as it applies to this position. Applicant's who demonstrate that they meet the minimum qualifications and experience most relevant to this position will be considered qualified and be eligible for an interview.

Complete tribal employment applications and resumes will be accepted until the closing date of the posting. Applications and resumes received after the closing date will not be considered for the position.

**REQUIRED EMPLOYMENT APPLICATION PACKET MATERIAL:**

- **Tribal employment application** that is complete and provides all information requested;  
or
- **Cover letter** explaining your qualifications and experience relevant to the functions of this position; and
- **Personal resume** identifying your qualifications and experience relevant to the functions of this position.

Qualified Native Americans will be given preference in employment as required by the Indian Self-Determination and Education Assistance Act (25 U.S. 450, ET. Seq) including other relevant laws. In accordance with Title VII of the 1984 Civil Rights Act, Sections 701(b) and 703(1), preference in filling all vacancies may be given to qualified American Indian candidates. In other than the proceeding situations, the Tunica-Biloxi Tribe is an Equal Opportunity Employer (EOE); Tribal and/or Indian preference applicable in accordance with Title XX of the Tribal Code of the Tunica-Biloxi Tribe of Louisiana.

To apply for this position, interested candidates must submit their completed application, or cover letter and resume to:

**Tunica-Biloxi Tribe of Louisiana**  
**Attn: Human Resources**  
**150 Melacon Rd.**  
**Marksville, La. 71351**  
**OR**  
**HR@tunica.org**