

Job Title: Coding Auditor

Location: Chicago/Dallas/Boston/NY

Job Summary:

The coding auditor is responsible to perform audits of documentation and coding of outpatient and/or inpatient services coded by coding staff. Build and maintain a professional relationship with internal and external customers. Identifies, researches, resolves and reports any issues preventing or disrupting daily workflow.

Key Responsibilities

Performs preliminary and routine audits on coding staff for each client site

- Audits coder's work on a weekly and bi-weekly basis and sends audit results to leadership
- Develops client-specific procedures document for each client based on their policies and procedures
- Must possess a thorough knowledge of ICD-9 / ICD-10 CM coding principles and applications as they relate to Physician Coding
- Ensures optimal reimbursement of all cases in compliance with CMS policies and procedures and Official Coding Guidelines
- Abides by the Standards of Ethical Coding as set forth by AHIMA and AAPC
- Ability to effectively utilize computerized encoder and/or other reference guides
- Ability to read, decipher and analyze all aspects of medical record documentation for accurate coding
- Knowledge of various clinical information systems, encoders and other technologies to facilitate a successful virtual work environment while maintaining maximum communication and adhering to HIPAA security standards
- Completes work assignments independently
- Participates in orientation training activities and review material provided

Qualification & Skills

Required:

- Minimum of 5 years' in Professional Fee for Service coding experience. Licensure/Certification: RHIA, RHIT, or CCS/CPC certification or credential (AHIMA, AAPC)
- ICD-10 CM Certified
- **Analytical** - Synthesizes complex or diverse information; Collects and researches data; Uses intuition and experience to complement data; Designs work flows and procedures
- **Quality** - Demonstrates accuracy and thoroughness; Looks for ways to improve and promote quality; Applies feedback to improve performance; Monitors own work to ensure quality
- **Problem Solving** - Identifies and resolves problems in a timely manner; Gathers and analyzes information skillfully; Develops alternative solutions; Works well in group problem solving situations; Uses reason even when dealing with emotional topics
- **Technical Skills** - Assesses own strengths and weaknesses; Pursues training and development opportunities; Strives to continuously build knowledge and skills; Shares expertise with others
- **Oral Communication** - Speaks clearly and persuasively in positive or negative situations; listens and gets clarification; Responds well to questions; Demonstrates group presentation skills; Participates in meetings
- **Written Communication** - Writes clearly and informatively; Edits work for spelling and grammar; Varies writing style to meet needs; Presents numerical data effectively; Able to read and interpret written information
- **Planning/Organizing** - Prioritizes and plans work activities; Uses time efficiently; Plans for additional resources; Sets goals and objectives; Organizes or schedules other people and their tasks; Develops realistic action plans
- Ability to interact with the IKS Health Leadership. Ability to manage and influence external vendor relationships

- Ability to handle confidential information with tact and poise
- Proficiency using computers and MS-Office
- Be results-driven within the context of a collaborative team environment
- Be agile and adaptable to understand the organization's changing needs and balance needs accordingly

IKS Health offers a comprehensive benefits package including medical, dental, vision, life insurance, long-term and short-term disability, AD&D, etc. For additional information please reach out to **Hema Mehta** at **Hema.Mehta@ikshealth.com**