

**NORTHERN CHEYENNE TRIBE
TRIBAL BOARD OF HEALTH**

POSITION: Lead Certified Medical Coder

SALARY: DOE

DEPARTMENT: Northern Cheyenne Tribal Board of Health – Revenue Enhancement

ACCOUNTABLE TO: NCTBH Revenue Enhancement Director

CLASSIFICATION: Regular Full-time – Non-exempt

OPENING DATE: January 19, 2023

CLOSING DATE: February 1, 2023 at 4PM

How To Apply: Submit a completed application, **RESUME** (3) current (within 1 year) letters of recommendations (one must be past/present employer, Tribal certification or Tribal I.D. (if claiming Tribal preference) a DD214 (if claiming Veteran’s preference) and college transcripts, (if claiming college education) to: Northern Cheyenne Tribe, attn. Human Resources Office, P.O. Box 128, Little Wolf Capitol Building, Lame Deer, Mt. 59043

****Cover Letter noting education and experience highly recommended****

Submit the required documents to the Human Resources Office located at the Little Wolf Capitol Building at the Security Desk, or mail to the Northern Cheyenne Human Resources Department at P.O. Box 128, Lame Deer, Montana 59043, or you can call (406) 477-4825 to email or fax.

**ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED
(applicant will be notified of any missing documents)**

SUMMARY OF WORK:

The Lead Certified Medical Coder, under the direction of the **Director of Revenue Enhancement**, performs data key-entry and verification of all Patient Care Component data elements into the following practice management systems: Patient Care Component (PCC) of the Resource and Patient Management System (RPMS), AccuCare, Ability, ImageTrend, and Daphne. This position will perform ICD-10-CM, CPT and HCPCS coding for reimbursement. Responsibilities include planning, organizing, and supervising multiple coders. The Lead Certified Medical Coder must have a full understanding of the coding process with knowledge of medical billing. They may also be tasked to resolve complicated situations encountered by the coding staff and responsible for quarterly auditing of the primary care providers documentation. This includes a wide range of health care data resulting from outpatient, ambulance services, lab, and behavioral health, including substance use disorder visits at the Northern Cheyenne Tribal Health Board of Health. Other clinics may be added and not limited to the above.

JOB CHARACTERISTICS:

Essential Functions (includes, but is not limited to the following):

- Assigns diagnosis and procedure codes by reviewing health records/information to ascertain all appropriate diagnosis and/or procedure codes
- Abstracts and enters clinical data from the medical record into RPMS, Ability, Accucare, ImageTrend, and Daphne
- Concurrently reviews and interprets medical records documentation in both hard copy and computerized formats to determine the most accurate diagnosis and procedures for specific visits
- Determines principal diagnosis and procedure and properly sequences all secondary diagnoses.
- Adheres to confidentiality standards & HIPAA rules
- Demonstrates ability to work independently and execute guidelines, policies and procedures
- Sets priorities and deadlines, effectively plan, organize workload to meet the workloads of coding and billing. Provides feedback to immediate director on coder performance.
- Responsible for monitoring coding work queues, including designating workflow of coders to areas based on priority
- Performs research, runs various reports and assists with general coding when needed
- Extensive knowledge of Anatomy and Physiology
- Must be able to work independently, as well as in a team setting

Personal Contacts: Internal contacts occur on a regular basis with departmental personnel. Corresponds with clinical providers and EMS Director regarding records with omissions and/or inconsistencies to ensure timely completion and complete medical documentation.

Other Responsibilities: (includes, but is not limited to, the following)

- Assisting the immediate supervisor with any workload pertaining to the success and growth of the program.
- All other job-related duties as assigned.

JOB REQUIREMENTS:

Knowledge, Skills and Abilities: Thorough knowledge of medical terminology including prefixes, suffixes, standard abbreviations, and pharmaceutical terminology. Knowledge of anatomy and physiology and major anatomical symptoms. Knowledge of ICD-10-CM, CPT, and HCPCS codes. Skill in using a computer for analyzing encounters and notifying providers of data that needs corrections. Ability to use medical references independently. Knowledge and skill sufficient to decipher terminology used by providers in all electronic health records systems used by the NCTBH.

EDUCATION AND EXPERIENCE:

- Associates of Arts required with adequate experience, *although a Bachelors of Arts preferred.*
- **5 years experience** in a medical coding setting using ICD-10-CM required.
- **Certification/License:** ICD-10-CM certified, CCS, CCS-P, or CPC certification is required. Must maintain certification. Must maintain a good moral character standing.

- **Experience in ambulance coding required**
- 3-5 years of responsible management required
- Some supervisory experience preferred
- Driving License and Current Driving record required. Must be insurable.
- Must submit to and pass a federal background check.

***Cover Letter noting education and experience highly recommended**