RCH
Ringgold County Hospital

An Affiliate of
MERCYONE

504 N. Cleveland St, Mt. Ayr, IA 50854

E-mail: hr@rchmtayr.org   **Phone:** (641) 464-3226

Medical Coder

Department: Health Information Management

APPLY NOW

Position: Full Time, Non-Exempt

Educational/Experience Requirements:
- High School Diploma or equivalent.
- Extensive technical or specialized training such as would be acquired in a college or technical field (i.e., CCA, CCS, CCS-P, RHIT or RHIA, Or can obtain certifications within one year)
- Medical Terminology.
- One (1) year experience in medical records or related medical field.
- Computer experience required.
- Understands HIPAA regulations and privacy of patient and employee information.

Brief Description of Job:
Assembles, analyzes, codes, abstracts, reports, maintains and extracts medical records information. Organizes and checks medical records for completeness, accuracy and compliance with regulatory requirements.
Remote availability

Essential Functions:
- Apply ICD-10-CM, CPT and HCPCS standardized codes to patient records. Enter data with 3M Encoder software.
- Responds to requests for patient records from physician offices, hospitals, patients Performs qualitative analysis to ensure accuracy, internal consistency and correlation of recorded data on an as needed basis.
- Utilizes professional and tactful communication skills to enhance teamwork with all departments and divisions of the organization.
- Participates in staff development activities and orientation as requested.
- Performs quality improvement activities in support of institution wide medical documentation concerns.
- Demonstrates a current level of knowledge of various payor regulations by functioning within those guidelines.
- Coordinates with Business Office and Mount Ayr Medical Clinic regarding charge entry, medical necessity and coding/billing issues.
- Participate in training for CEU's to keep certifications current for the position.
- Works assigned shift/shifts, weekends and holidays, as scheduled.
- Codes disease and injury diagnoses, acuity of care and procedures, using standard references for coding to include current ICD, CPT, HCPCS, Physician Desk Reference and other authoritative sources.
- Contacts appropriate medical staff members to rectify inconsistencies, deficiencies and discrepancies in medical documentation, code assignment or charges.
- Provides assistance to the medical staff by researching reference materials as requested related to coding, documentation and charge practices.
- Participates in other quality improvement activities as requested.