



Lummi Indian Business Council

2665 Kwina Road · Bellingham, Washington 98226 · (360) 312-2000

'Working together as one to Preserve, Promote and Protect our Sche Lang en'

JOB ANNOUNCEMENT **JOB TITLE:** Coding Specialist III

OPEN: March 22, 2024

EXEMPT: No

SALARY:(9) \$26.48-\$29.82/hr. DOE

SHIFT: Day

LOCATION: Remotely; Varies

DURATION: Part Time (20 hours/wk.)

CLOSES: Until Filled

JOB CODE:

DIVISION: Finance

DEPARTMENT: Healthcare Business Office

SUPERVISOR: Coding and Billing Supervisor

VACANCIES: 2

JOB SUMMARY: This employee is part of the Business Office staff whose main purpose is to accurately code patient encounters with providers in EPIC. Works closely with various departments and providers to accurately code data. Must have good customer service skills because job requires regular contact with healthcare professionals, various departments, and outside agencies. This position requires accuracy in detail-oriented work. The Coding Specialist III works as a go-to for other Coding Specialists and Billing staff.

ESSENTIAL JOB DUTIES AND RESPONSIBILITIES include the following, and other related duties as assigned.

1. Analyzes and interprets information from EPIC to accurately update to the most accurate and descriptive ICD, CPT, CDT, and HCPCS codes for diagnosis, procedures, labs, and treatment notes from medical, mental health, or dental visits.
2. Provides guidance to Coding Specialist and billing staff.
3. Verify and approve ICD and CPT codes from work ques.
4. Works closely with the Site Specialist to ensure proper codes and usage of EHR by medical staff.
5. Responsible for reviewing all dates of service via Epic work ques, identifying coding deficiencies and working with medical, dental, and behavioral health staff to correct and/or update patient file to reflect accurate documentation.
6. Serves as point person for IHS ICD-10 up-dates and compliance.
7. Provides quality assurance sanctions to ensure accurate coding and billing practices.
8. Must keep up on current Federal and State regulations.
9. Ensures coding follows compliance with clinical documentation.
10. Acts as a resource to the Business Office for all ICD and CPT related coding up-dates, changes, and requirements.
11. Must maintain good working relationship with supervisor and other LTHC employees.
12. Provides quality assurance solutions to ensure accurate coding and billing practices.
13. Prepare all necessary information for providers to be paid as in-network providers.
14. Communicate with the Supervisor any new providers showing up in work ques providing services.

15. As other duties assigned within department delegated by Supervisor or Director

MINIMUM QUALIFICATIONS:

- High School Diploma
- Five (5) years of experience working in a medical office; and
- Five (5) years of experience with EPIC or medical software; and
- Five (5) years of experience with billing or coding; and
- Certified Coding Specialist (CCS), Certified Professional Coder, or similar credential; and
- Lummi/Native American/Veteran preference policy applies.

OR

- Associates degree in accounting, medical billing, medical coding, or related field; and
- Three (3) years of experience working in a medical office; and
- Three (3) years of experience with EPIC or medical software; and
- Three (3) years of experience with billing or coding; and
- Certified Coding Specialist (CCS), Certified Professional Coder, or similar credential; and
- Lummi/Native American/Veteran preference policy applies.

OR

- Bachelor's degree in accounting, medical billing, medical coding, or related field; and
- Two (2) years of experience working in a medical office; and
- Two (2) years of experience with EPIC or medical software; and
- Two (2) years of experience with billing or coding; and
- Certified Coding Specialist (CCS), Certified Professional Coder, or similar credential; and
- Lummi/Native American/Veteran preference policy applies.
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KNOWLEDGE, ABILITIES AND SKILLS:

- Thorough knowledge of medical codes involving selection of most accurate and descriptive code using the ICD, CPT, ADA, and HCPC resources
- Demonstrate skill in correlating generalized observations or symptoms (vital signs, lab results, medications, etc.) to a stated diagnosis to assign the correct ICD code.
- Experience working with an Electronic Health Record.
- Ability to understand and apply basic operating instructions.
- Acknowledge and demonstrate need to maintain confidentiality of patient information.
- Demonstrate understanding and execution of the Federal Privacy Act and Freedom of Information Act as they pertain to a patient's health record.
- Must be willing to assume other duties as assigned and receive training in other departments.
- Must always maintain strict confidentiality.

REQUIREMENTS:

- Must pass pre-employment and random drug and alcohol test to be eligible for and maintain employment, as required by the LIBC Drug & Alcohol-Free Workplace Policy
- This position requires regular contact with or control over Indian children and is therefore Position requires Criminal Background Check.
- HIPAA compliance
- Certified Coding Specialist (CCS), Certified Professional Coder (CPC), or similar credential

TO APPLY:

To obtain a Lummi Indian Business Council (LIBC) application go to: <https://www.lummi-nsn.gov/widgets/JobNow.php> or request by e-mail libchr@lummi-nsn.gov For more information

contact the HR front desk (360) 312-2023. Submit LIBC application, cover letter, resume & reference letters no later than 4:30 p.m. on the closing date listed above. If listing degrees or certifications include copies. Mailing Address: 2665 Kwina Road, Bellingham, WA 98226. Human Resource Fax number: 360-380-6991.