

## ***Remote Coder/Claims Analyst***

### ***Position Qualifications***

- Minimum Associate's Degree in a health services discipline
- RHIT and/or CCS. Will consider CPC-H
- Minimum 5 years facility coding experience in ICD-9-CM and CPT/HCPCS
- Good verbal and written communication skills
- Comprehensive knowledge of the APC/DRG structure and regulatory requirements
- Past auditing experience or strong training background in coding and reimbursement

### ***Technical Skill Set***

- Facility Coding experience (Outpatient, Emergency Room and possible Inpatient coding)
- Expert level in coding injections/infusions, ED, and intervention radiology cases
- Working knowledge of APC's and MS-DRG's
- Chargemaster exposure
- Some billing knowledge
- Proficient with MS Excel, Word, Outlook (e-mail with attachments)
- Able to manage desktop, create folders, and minimize/maximize multiple programs
- Experience using the internet as a research tool (ie., find CMS transmittals, reference vendors for product information, etc.)
- VPN/EMR experience a plus

### ***Desirable Personality Traits:***

- Organized
- Ability to work independently
- Flexible
- Ability to handle deadlines
- Team player
- Dependable

