

**CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD NATION  
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**\*\*\*VACANCY ANNOUNCEMENT\*\*\***

**TITLE:** Certified Medical Coder

**LOCATION:** Tribal Health Department  
St. Ignatius, MT.

**WORK SCHEDULE:** Monday – Friday - 8:00 am to 4:30 pm

**SALARY:** Negotiable

**CLOSING DATE:** Thursday, December 21, 2017 at 5:30 p.m.

**SPECIAL CONDITIONS:**

This position is a Testing Designated Position (TDP) within the definition of the CSKT Drug Testing policy. **The successful applicant, if not already employed by the Tribes must pass a pre-hire drug test and serve a mandatory six (6) month probationary period.**

**DUTIES:**

- The Certified Medical Coder is highly technical and provides specialized functions for the Tribal Health Department. The purpose of this position is to interpret, analyze, and assign diagnostic and procedural codes. The coding function provides the primary source for data and information used in health care, promotes continuity of medical care, and ensures compliance with third party reimbursement policies, regulations and accreditation guidelines. By performing audits of outpatient coding, training new coding staff, preparing and presenting educational sessions for the coders and providers and staying current with official coding guidelines and regulations, the incumbent ensures the proper coding of all Tribal Health staff.
- Performs quantitative analysis by reviewing records to assure the presence of all component parts such as patient and record identification, signatures and dates where required, and the presence of all reports which appear to be indicated by the treatment rendered.
- Performs qualitative analysis by evaluating the record for documentation consistency and adequacy. Ensures that the final diagnosis accurately reflects the care and treatment rendered. Reviews the records for compliance with established third party reimbursement agencies and special screening criteria.
- Makes the final determination that medico-legal requirement of the record is complete, accurate, and reflects sufficient data to justify the diagnosis and warrant treatment and end results.
- Identifies inconsistencies, discrepancies and/or trends within the medical record and discusses with the appropriate medical, nursing, or healthcare providers, and

recommends appropriate modifications to include medical necessity under the Correct Coding Initiative.

- Assigns and sequences a variety of codes including but not limited to ICD/CP/HCPCS codes based on the medical record analysis. Assures the final diagnosis and operative procedures as documented by the provider are valid and complete. When multiple diagnoses and procedures are listed, assures the procedure is related to the proper diagnosis.
- Analyzes and abstracts information from the medical record to identify secondary complications and co-morbid conditions to assure appropriate assignment under the Diagnostic Related Group (DRG), Ambulatory Patient Classification (APC) systems, and other alternate resources.
- Analyzes provider documentation to assure the appropriate Evaluation & Management (E&M) levels are assigned using the correct CPT/HCPCS code.
- Provides ongoing education, updates and briefings for the medical staff, business office staff, and other health care providers on changing coding conventions, rules, regulations and guidelines.
- Performs audits in accordance with the facility Compliance plan and Performance Improvement study designs, which may include findings from provider documentation trends, coding peer reviews, and works with our Third Party Billing Department on reimbursement denials. Provides reports of findings and feedback to parties involved.
- Assists in development and modification of facility coding policies and procedures.
- Maintains record confidentiality in accordance with the Privacy Act of 1974, Alcohol and Drug Abuse Patient Records, Freedom of Information Act and other pertinent federal regulations.
- May be required to work rotating shifts.
- May perform other duties as assigned.

### **MINIMUM QUALIFICATIONS (AS REFLECTED ON THE TRIBAL EMPLOYMENT APPLICATION)**

- Must be a graduate from an AHIMA-accredited health information technology, management of coding certificate program.
- Must possess a Certified Coding Specialist (CCS) or Certified Coding Specialist- physician based (CCS-P) **OR** other recognized coding credential. Must have ICD-10 certification.
- Must possess at least five (5) years current outpatient department coding experience.
- Must pass a background check in accordance with Public Law 101-630.

### **DESIRABLE QUALIFICATIONS (AS DETERMINED BY THE INTERVIEW):**

- Request copy of position description for desirable qualifications.

### **SUBMIT:**

1. Completed Tribal employment application.
2. Completed background supplemental questionnaire.
3. Copy of relevant academic transcript.
4. Proof of enrollment from a federally recognized Tribe if other than CSKT.
5. If claiming veteran's preference, a copy of DD214 must be submitted.

### **FAILURE TO SUBMIT ALL OF THE ABOVE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION DURING THE SCREENING PROCESS**

**SUBMIT ALL OF THE ABOVE TO:** Evelyn Charlo, Personnel Office, PO Box 278, Pablo, MT 59855, telephone (406) 675-2700 Ext. #1029.

**FOR MORE INFORMATION:** Shonda Bolen, Tribal Health Department at 406-675-2700 Ext. #5032.