

Coding Specialist

Job Code: 6650

Salary Grade: C04

FLSA Status: Non-Exempt

The following statements are designed to outline the general functions and typical responsibility levels associated with positions in this classification. They are not intended to serve as an exhaustive list of specific duties or requirements for individual positions assigned to this classification.

Duties and Responsibilities

Responsible for abstraction and accurate coding of procedures from various forms and medical records to ensure optimal reimbursement and compliance with all regulations, policies and procedures.

- Abstracts and codes by Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) procedures and diagnosis from medical records.
- Verifies medical record documentation requirements. Responsible for verifying that CPT, Healthcare Common Procedural Coding System (HCPCS) & ICD coding used is correct.
- Responsible for verifying that payment is correct for CPT, HCPCS & ICD coding.
- Reviews charging procedures to ensure compliance with Federal regulations, and Medicare and Medicaid Policies. Verifies correct interpretation was used in the calculation of write-offs.
- Advises and educates faculty in regard to charge documentation, diagnosis, procedure coding, and charge policies. Coordinates and trains staff on reimbursement procedures.
- Monitors monthly financial flow charts to detect problems. Performs charge corrections.
- Reviews patient admitting records and extracts relevant information. Records patient and demographic information in the billing system. Contacts agency representative to verify type and extent of coverage.
- Reviews source documents to determine if there is sufficient data to process. Batch charges, generate hash totals, enters charges, and balances batches to source documents and hash totals.
- Compiles patient documentation, demographics, billing, insurance, and status of approvals or denials from insurance carriers, hospital information system, insurance companies, or other entities.
- Completes processing of all inpatient and outpatient documents. Assists with resolving department problems with patient billing. Maintains records of charges, payments, and third party charges.
- May receive incoming calls from patients or third party carriers regarding delay in statements or claims. Resolves issues. Records results of calls in the billing system.
- Contacts insurance carriers regarding non-payment or improper payment of claims. Reviews denials.
- Assists with reviews and balances patient billing transactions. Reconciles daily patient billing receivables. Prepares billing statements from statistical data.
- Prepares daily refund check requests and credit balances other than refunds. Post refund checks to patient accounts. Mail refund checks with supporting documents.
- Performs various duties as needed to successfully fulfill the function of the position.

Minimum Qualifications

Education:

Required: High School Diploma or GED.

Experience:

Required: 6 months experience with medical insurance, billing or clinical coding.

Certifications or Licenses:

Will accept any of the following certifications in lieu of the 6 months experience:

- Certified Professional Coder Certification (CPC) or
- Registered Health Information Technician Certification (RHIT) or
- Certified Outpatient Coder (COC) or
- National Healthcare Association Certification (NHA) or
- Certified Coding Specialist (CCS) or
- Certified Coding Specialist Physician based (CCS-P)

Verification of education and licensure (if applicable) will be required if selected for hire.

Knowledge, Skills, and Abilities

- Knowledge of CPT and ICD coding processes and determine which documentation is required to enter into the coding system
- Knowledge of the different insurance carriers and their processes



JOB DESCRIPTION

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- Knowledge of medical billing
- Knowledge of Health Insurance Portability and Accountability Act (HIPAA)
- Excellent customer service
- Ability to handle stressful situations in a professional manner
- Ability to recognize a problem and solve in a timely manner

Working Conditions

Physical:

Sit for prolonged periods. Communicate effectively and listens. Use of computer, calculator, and telephone.

Environmental:

Standard office environment. Exposure to difficult customers and third party carriers over billing and coding issues.

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