

## Panacea Healthcare Solutions, LLC

### Job Description

Job Title: Professional Services Auditor	Date: November 2023
Department: Clinical Revenue Integrity	Type of Position: Full Time
Location: Remote	Travel Required: 10% - 25%
Reports to: Vice President, CDM, Coding & Audit Services	Approved: Becky Jacobsen

#### General Description

The Professional Services Auditor position is responsible for performing primarily remote client coding audits for professional services, including research, report preparation and client follow up.

#### Essential Job Functions / Responsibilities

- Reviews/audits clinical documentation for professional services, particularly evaluation and management services and physician surgical services.
  - Provides accurate audit results consistently including appropriate and current official resources
  - Applies Teaching Physician Guidelines
  - Applies Incident to and Split/Shared Guidelines
- Researches coding/compliance issues/questions/concerns based on client needs
- Prepares appropriate written report to include findings and recommendations
  - Prepares executive/written summary
  - Calculates accuracy rates and financial impact
  - Documents audit findings in approved format
- Initiates and maintains effective communication with your manager as appropriate
- Develops and maintains appropriate functionality with company software
- Travels as requested based on company need: 10% - 25%
- Timely and accurate reporting of work performed via weekly timesheets

#### Qualifications and Experience Requirements

- Strong written and verbal communication skills
  - Proficient in technical report writing including proper grammar and spelling
  - Self-confident in communicating to management
- Maintain advanced knowledge of:
  - Coding and billing requirements and regulatory changes and acts as a resource to colleagues and clients
  - ICD-10-CM , CPT, HCPCS and modifier assignment, medical terminology and anatomy
  - Coding / documentation / billing regulations related to Medicare and Medicaid
- Analytical ability to gather and interpret data, to evaluate reports and track progress and to determine methods for ensuring compliance

- Critical thinking with a focus on problem solving
- “Self-starter” – ability to work independently with minimal supervision
- Computer skills for organizing and displaying data, accessing various internal applications and external resources via the internet – program knowledge should include:
  - General computer skills
  - Word, Excel, PowerPoint, Microsoft Office
  - Use of various EMR systems (EPIC, Cerner, AllScripts, etc.)
- Minimum 3 years coding experience for professional services – emphasis on Evaluation and Management
- Minimum 1 year auditing experience in a compliance environment
- Possess at least one of the following credentials:
  - CPC: Certified Professional Coder
  - CCS-P: Certified Coding Specialist-Physician based
  - RHIA: Registered Health Information Administrator
  - RHIT: Registered Health Information Technician
  - Other credentials may be considered /approved by manager

### **Physical Demands**

This is largely a sedentary role; however, some travel is required. This would require the ability to travel via airline and/or automobile to corporate meetings and occasional client sites. While performing the duties of this job, the employee is regularly required to talk or hear.

NOTE: The above statements are intended to describe the general nature and level of work being performed by people assigned to this description. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.