
Job Title: Certified Professional Coder and Payor Policy

Location: In Office – Falls Church VA

General Summary of Duties

Certified Professional Coder (CPC or CPC-P) to provide quality review and analysis of a wide range of Payor medical policies and ensure accuracy of coding and maintain records in accordance with accepted medical and legal standards. Responsible for reviewing payor medical policies to assure proper diagnosis coding that meets medical necessity. Manages and maintains payor prior authorization requirements for all clinical laboratory tests.

Essential Functions

- Efficiently analyze Medical Policies, compare them to current coding and payor guidelines, and evaluate them for medical necessity. Translate and code the medical necessity criteria to numerical diagnosis codes.
- Review of electronic medical records initiated by a health care provider.
- Verifying and coding of the diagnosis, evaluation and management, procedures or other codes required for the completeness and accuracy of the record.
- Monitors and maintains payor prior authorization requirements nationally.
- Codes and/or reviews principal diagnosis, co-morbidities, complications, therapeutic and diagnostic procedures, supplies, materials, injections, and drugs with International Classification of Diseases (ICD10), Current Procedural Terminology (CPT), Health Care Financing Administration Common Procedure Coding Systems (HCPCS
 - all levels, and any other coding classification systems that may be required).
- Perform edit checks on data entered prior and corrects errors as indicated.
- Analyze payor policies for consistency and completeness for coding purposes using established criteria and regulations.
- Manage payor diagnosis data per medical policy.
- Perform other miscellaneous administrative duties as assigned.

Education

- High school diploma or equivalent General Educational Development (GED) certificate.
- Certified Professional Coder (CPC, CPC-PCPC-A) is required.
 - CPC-P certification preferred.

Experience

- Clinical Laboratory Experience preferred
- Medical Policy Coding is preferred

Knowledge

- Knowledge of medical billing practices and office policies and procedures.
- Knowledge of insurance and payor medical policies
- Knowledge of medical terminology, basic anatomy and physiology

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How to Apply

Please email resume and cover letter to jkelly@cmtsolutions.com.



About CMT Solutions:

CMT Solutions is the only healthcare services company that is singularly focused on patient access for molecular diagnostics. At CMT, our mission is to help all patients get access to the right test they need to treat their condition or disease. CMT Solutions helps physician offices who order diagnostic testing for their patients, by performing the prior authorizations on behalf of the physicians.

The company was founded in 2017 and is based in Northern Virginia. CMT also has an operations center in Orlando, Florida. CMT is partnered with the leading laboratories across the United States and performs over 20,000 laboratory diagnostic prior authorizations each month.