PayerWatch is a nationwide trusted leader in Healthcare revenue recovery. We use a twofold approach to equip hospitals and health systems to achieve better outcomes at a lower cost. Our Veracity Software and AppealMasters service help prevent and lower denials and reduce the cost of the claims appeals process.

Job Title:	**Clinical Appeals Consultant - CODING**
Reports to:	Director of Coding Audit and Appeal Services
Job Type:	Full Time, Exempt, Salaried
Working Conditions:	The Clinical Appeals Consultant can work either primarily remotely or at the corporate offices

Job Description:

A **Clinical Appeals Consultant** is responsible for completing government and commercial appeals utilizing an encoder and our propriety Veracity software and templates.

Responsibilities and Duties:

- Conducts in-depth medical record reviews regarding opportunities for revenue recoupment.
- Provides well-written appeal arguments based on clinical evidence within the medical record plus appropriate Coding Guidelines and Coding Clinics.
- Highlights and/or notates pertinent points in the medical record.
- Responsible for proofreading and editing before submission.
- Provides Root Cause analyses and Performance Improvement Recommendations to educate and benefit clients.
- Provides a well-thought-out appealability score for each appeal.
- Understands and utilizes Veracity software.
- Utilizes AppealMaster's templates according to design.
- Completes all Task assignments within due dates.
- Ensures compliance with HIPAA and company privacy regulations.
- Attends meetings as requested.
- Displays flexibility and a willingness to work more than 40 hours when the need arises.
- Other duties as assigned.

Knowledge, Skills, and Abilities

- Clinical: Broad-based coding knowledge and experience with inpatient medical care and clinical services.
- Analytical: Able to synthesize the worthy components within a medical record and formulate a convincing appeal based on evidence.
- Excellent writing skills: Able to synthesize even poorly documented medical records into a compelling written argument to overturn the reimbursement denial using carefully gleaned evidence found throughout the medical record.
- Organized: Disciplined time management skills.
- Able to follow policies and procedures.
- Communication: Able to keep supervisor informed of issues and concerns as they arise. Provides at least 4 weeks prior notice of planned leaves. Communication involving emergency situations is provided as soon as possible.
- Commitment to quality: Able to complete work accurately and timely; continuously strives to improve personal work product. Able to self-edit to ensure flawless grammar and spelling. dependability: Able to take responsibility for one's work product and keep commitments. Complete tasks timely or notify the supervisor before missed deadlines of any barriers to meeting deadlines.
- Time management skills: Able to quickly organize review activities, thoughts, analysis, writing, and uploading of completed tasks within assigned time frames.

- Supportive: Of organizational goals, client desires, and commitments to clients and coworkers.
- Integrity: Maintains confidentiality, protects patient dignity, and ensures personal integrity in all organizational dealings.

QUALIFICATIONS

Required Education and Experience

- Certified Coding Specialist (CCS) credential
- At least 2 years of inpatient coding experience
- Knowledge and experience with the use of an encoder, Coding Guidelines, and Coding Clinics
- Knowledge of third-party payer requirements for reimbursable care
- Knowledge of basic CMS rules and regulations surrounding reimbursable care
- Knowledge of basic clinical quality improvement principles
- At least one year of job experience in writing coding appeals