

Position Summary

The Medical Coder is responsible for reviewing clinical documentation and assigning accurate diagnostic and procedural codes using ICD-10-CM, CPT, and HCPCS Level II coding systems. This role ensures that all coding is compliant with official coding guidelines, payer-specific requirements, and organizational policies. The Medical Coder plays a critical role in the revenue cycle by translating clinical information into codes that support appropriate and timely reimbursement, as well as accurate data for reporting, quality metrics, and compliance purposes.

Key Responsibilities

Clinical Documentation Review & Code Assignment

- Review medical records including physician notes, operative reports, discharge summaries, lab results, radiology reports, and other clinical documentation.
- Assign accurate ICD-10-CM diagnosis codes, CPT procedure codes, and HCPCS Level II codes based on documentation.
- Apply official coding guidelines (AHA Coding Clinic, AMA CPT Assistant) and payer-specific policies to all code assignments.
- Sequence diagnoses and procedures appropriately, including principal diagnosis, secondary diagnoses, CC/MCC capture, and POA indicators (inpatient).
- Code all relevant comorbidities, complications, and secondary conditions supported by physician documentation.

Compliance & Quality

- Maintain coding accuracy rate at or above the organizational benchmark (typically $\geq 95\%$).
- Adhere to HIPAA regulations and maintain strict confidentiality of all protected health information (PHI).
- Follow all CMS, OIG, and payer compliance requirements including NCCI edits and LCD/NCD guidelines.
- Participate in internal and external coding audits; implement feedback and corrections promptly.
- Identify documentation deficiencies and initiate clinical documentation improvement (CDI) queries when appropriate.

Productivity & Turnaround

- Meet established daily productivity standards for charts coded based on record type and complexity.
- Prioritize coding of records to meet billing timeliness and discharge-not-final-billed (DNFB) reduction goals.
- Work billing holds and unbilled queues in collaboration with the A/R and billing teams.

Collaboration & Communication

- Respond to coder queries from billing, compliance, and payer audit teams in a timely manner.
- Participate in coding education sessions, staff meetings, and compliance training programs.
- Support new coder onboarding and training as needed.



Coding Systems & Technology

- Utilize encoder software and EHR/document management systems accurately.
- Navigate payer portals and clearinghouse tools to verify coding-related claim edits.
- Stay current on annual ICD-10-CM/PCS and CPT code updates and implement changes on the effective date.

Qualifications

Required

- 1-2 years of hands-on Medical Coding experience.
- Bachelor's degree in Medicine & Health Sciences, Pharmacy, Nursing, or related field.
- Knowledge in ICD-10-CM, CPT, and HCPCS Level II coding systems.
- In-depth knowledge of medical terminology, anatomy, physiology, and pharmacology as it relates to coding.
- Experience with encoder and EHR/EMR systems.
- Working knowledge of the RCM process.

Preferred

- Active coding credential: CPC, CCS, CCS-P, COC, CIC, or RHIA/RHIT from AHIMA or AAPC.
- Familiarity with DRG assignment (MS-DRG / APR-DRG) and grouper logic for inpatient coding.
- Understanding of clinical documentation improvement (CDI) concepts and query processes.
- Knowledge of Medicare, Medicaid, and commercial payer billing guidelines.

Skills & Competencies

Technical Competencies	Professional Competencies
• Clinical documentation analysis • ICD-10-CM/PCS & CPT proficiency • DRG optimization & grouper logic • NCCI / modifier application • Encoder & EHR navigation	• Analytical thinking & accuracy • Effective written communication • Ethical judgment & integrity • Self-direction & time management • Continuous learning & adaptability

Key Performance Indicators (KPIs)

- Coding accuracy rate $\geq$ 95% (internal and external audits)
- Productivity — charts coded per day per record type and complexity tier
- Discharge-Not-Final-Billed (DNFB) contribution within established threshold
- Query response rate and physician query acceptance rate
- Timely filing compliance — 100%
- CC/MCC capture rate (inpatient) and HCC capture rate (risk adjustment settings)



Workplace Details

- Weekdays: 5 days in a week
- Weekend: 2 days in a week
- Work Schedule: 1 PM to 10 PM
- Probation: **6 Months**
- Work at office | Job Location- Dhaka
- Employment Status: Full Time

Compensation and other benefits

- Salary: Negotiable
- Complimentary Tea & Snacks
- Friendly office environment
- Opportunity to work with the foreign clients
- Gratuity Fund
- Provident Fund
- Worker's Profit Participation Fund - WPPF
- Holiday Leave Encashment
- Annual Paid Leave Encashment (Adjustable)
- Dinner Fully Subsidized
- Festival Bonuses
- Casual, Maternity and Sick Leave

If you think you have what it takes then apply straight away by emailing your resume at career@radiantds.com with the **subject line** "Medical Coder April 2026"

