PYRAMID LAKE PAIUTE TRIBE

PO BOX 256
NIXON, NEVADA 89424

JOB ANNOUNCEMENT

DATA ANALYST/CODER **Date Posted: 09/03/2026**
Pyramid Lake Health Clinic – Nixon, NV **Date Closed: 09/18/2026**
$17.77 - $19.60 hr. Regular, Full-Time, Non-Exempt
Class Code: 358, Grade 13, Steps 1-3; DOE

DEFINITION: Interpret, analyze and assign diagnostic and procedural codes using RPMS/EHR system; provide the primary source of data and information used in health care, promote continuity of medical care, and ensure compliance with third party reimbursement policies, regulations and accreditation guidelines.

DUTIES & RESPONSIBILITIES:

Perform quantitative analysis by reviewing records to assure the presence of all component parts, such as patient and record identification, signatures and dates where required, and the presence of all reports which appear to be indicated by the treatment rendered.

Perform qualitative analysis by evaluating the record for documentation consistency and adequacy. Ensure that the final diagnosis accurately reflects the care and treatment rendered. Review the records for compliance with established third party reimbursement agencies and special screening criteria.

Make the final determination that medico-legal requirements of the record is complete, accurate, and reflects sufficient data to justify the diagnosis and warrant treatment and end result, and as a result, approve and release the visit to cross over to Third Party Billing.

Identify inconsistencies, discrepancies and/or trends within the medical record and discuss with the appropriate medical, nursing, or healthcare providers, and recommend appropriate modifications to include medical necessity under the Correct Coding Initiative.

Assign and sequence a variety of codes, including but not limited to, ICD-9/ICD-10/CPT/HCPCS codes based on the medical record analysis. Assure the final diagnosis and operative procedures as documented by the provider are valid and complete. When multiple diagnoses and procedures are listed, assure the procedure is related to proper diagnosis.

Analyze and abstract information from the medical record to identify secondary complications and co-morbid conditions to assure the appropriate assignments under the Diagnostic Related Group (DRG), Ambulatory Patient Classification (APC) systems and other alternate resources.

Analyze provider documentation to ensure the appropriate Evaluation & Management (E&M) levels are assigned using the correct CPT/HCPC code.

Provide ongoing education, updates and briefings for the medical staff, business office staff, and other health care providers changing coding conventions, rules, regulations and guidelines.

Perform weekly audits in accordance with the facility Compliance plan and Performance Improvement study designs, which may include findings from provider documentation, trends, coding peer reviews, and reimbursement denials. Provide reports of findings and feedback to all parties involved.

Assist in development and modifications of facility coding policies and procedures.

Maintain record confidentiality in accordance with the Privacy Act, HIPAA, Alcohol and Drug Abuse Patient Records, Freedom of Information Act and other pertinent federal regulations.
Perform other related duties as assigned.

MINIMUM QUALIFICATIONS:

Knowledge of: medical terminology, abbreviations, techniques and surgical procedures; anatomy and physiology; major disease process; pharmacology; and the metric system to identify specific clinical findings, to support existing diagnoses, or substantiate listing additional diagnoses in the medical record; official coding conventions and rules established by the American Medical Association (AMA) and the Health Care Finance Administration (HCFA) for assignment of diagnostic and procedural codes; classification systems and references such as the International Classification of Disease (ICD), Diagnostic Related Groups (DRG's), Ambulatory Patient Classifications (APC's), American Dental Association (CDT-2's) Current Procedural Terminology (CPT); Health Information Management theory, principles, practices, techniques, concepts and policies to analyze the medical record and participate in performance improvement activities; medico-legal aspects of health information management; Privacy Act of 1974 regulations and requirements regarding responsibilities for patient confidentiality; AAAHC, HCFA, Medicare/Medicaid, Office of Inspector General and IHS policies to ensure the record complies with regulatory requirements; quantitative and qualitative processes to analyze health information; Performance Improvement methodology to track, trend, recommend resolutions, and report on status of adverse or quality service.

Skill in: correlating pharmacy, laboratory, radiology, treatments and results with diagnoses; operating computerized data entry RPMS/EHR information processing systems; data collection to compile and organize information for reporting and presentation; oral communication to conduct briefings; writing sufficient to prepare reports and other materials; repetitious keyboarding for extended period of time.

Ability to: maintain current knowledge of coding requirements and changes; communicate effectively with physicians, nursing staff, business-office staff, and other clinic employees.

Must have a friendly and pleasant attitude. Neat personal appearance is required. Must be dependable, punctual, cordial, and polite.

Must have a valid Nevada driver's license and be insurable under the Tribe's insurance policy.

Must favorably pass a thorough background investigation.

REQUIRED EXPERIENCE & TRAINING:

High School Diploma or GED equivalent. Associate Degree in Health Information Technology with ICD-9, ICD-10, and CPT coding experience and eligible to sit for the national accreditation exam. Must successfully pass exam within one year of hire. Certified Coding Specialist or Certified Professional Coder with two years of ICD-9, ICD-10, and CPT coding experience.

Must have first aid or CPR within the first year of employment.

TO APPLY: Applications may be obtained from the Human Resources Office at the Tribal Administrative Building in Nixon, Nevada; by writing to the Pyramid Lake Paiute Tribe at PO Box 256, Nixon, NV 89424; or by calling the Human Resources Office at (775) 574-1000, Extension 1120.

The Pyramid Lake Paiute Tribe is a drug free workplace. Applicants will be required to undergo drug testing prior to employment and will be subject to further drug and alcohol testing throughout their period of employment. . In addition, the Tribe implements a Background Investigation Program in which all employees are subject to a background investigation and favorable suitability determination as a condition of employment.

Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act (Title 25, U.S. Code, Section 472 and 473). However, the Pyramid Lake Paiute Tribe is an Equal Opportunity Employer, and all qualified applicants will be considered in accordance with the provisions of Section 703(I) of Title VII of the Civil Rights Act of 1964, amended in 1991.