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Job Description: Medical Billing and Coding Specialist

Job Title: Medical Billing and Coding Specialist

Department: Revenue Cycle Management

Position Summary: The Medical Billing and Coding Specialist utilizes knowledge of insurance regulations, health insurance contracts, medical coding, and bookkeeping to perform a variety of revenue cycle support activities. These include but are not limited to medical coding, insurance verification, ensuring the accuracy of the information housed in the practice management system, preparing deposits, collecting, posting, and managing account payments, submitting accurate claims, and following up on accounts.

Supervision Received: Revenue Cycle and Data Manager

Supervision Exercised: N/A

Hours per Pay Period: 80hrs

Classification:

Full-Time

Exempt

Part-Time

Non-Exempt

Education/Qualifications:

- High School Diploma, GED, or suitable equivalent
- Coding Certification from APPC or AHIMA
- Minimum of one (1) year work experience as a Medical Coder

Strongly Preferred:

- Minimum five (5) years medical coding work experience working in healthcare; two (2) years medical coding work experience with geriatric populations
- Knowledge of general accounting principles, revenue cycle processes, medical insurance, and associated regulations
- High degree of accuracy and attention to detail
- Ability to manage multiple tasks/projects, and deadlines simultaneously and to identify and resolve exceptions and to interpret data; proficient in data entry
- Customer service orientation and negotiation skills, including the ability to interface with third party payers
- Excellent communication skills, both verbal and written
- Proficient computer skills, including Microsoft Office applications

Essential Functions:

Medical Coder Responsibilities:

- Extracts relevant information from patient records and acts as liaison with providers and other parties to clarify information
- Examines documents for missing information; corrects information as needed
- Assigns CPT, HCPCS, ICD-10-CM, and DRG codes



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- Performs patient chart audits and provides coding feedback and education to clinical team as needed
- Answers questions, advises, and trains providers and staff on medical coding
- Informs supervisor of issues with equipment and billing software, and serves as point person for billing software issues, complications and submits service tickets through AMD
- Ensures compliance with medical coding policies and guidelines; understands the application of each code set
- Maintains current knowledge regarding coding and diagnostic procedures
- Works towards compliance in all aspects of coding, participates in compliance activities as requested, and conducts/participates in provider coding reviews and education, as requested

Medical Billing Specialist Responsibilities:

- Maintains practice management system by entering accurate data, verifying and updating insurance, and claims information, handles carrier correspondence, manages EOBs, and keys payments received into the system
- Prepare, review, submit, and follow up with clean claims to various companies/individuals
- Collect, post and manage patient account payments
- Investigates rejected claims to see why denials were issued and correct claims.
- Facilitate swift payment of invoices due to the organization by sending patient invoices, billing reminders, and making collection calls on outstanding balances as directed by supervisor
- Completes Claims Center daily tasks including charge review and claims inspector; creates and maintains custom claim edits and works the client action worklist
- Reviews and provides RCM weekly and monthly reports including productivity and financial reports as directed and completes action steps as necessary
- Follows HIPAA guidelines when accessing and sharing patient information
- Maintains patient and business confidentiality
- Provides timely and professional customer service, verify discrepancies by and resolve patient billing issues, answer questions from patients, facility staff, and third-party vendors.
- Supports additional coding, billing, and practice management projects as needed
- All other duties as assigned

Physical/Mental Demands and Work Environment:

- Requires sitting and standing associated with a normal office environment.
- Performs highly complex and varied tasks requiring independent knowledge and its application to a variety of situations, as well as exercising independent judgement.



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- Requires the use of office equipment such as copiers, scanners, computers, telephones, and fax machines.
- May view computer screens for long periods of time.
- Must be able to prioritize activities when faced with competing demands.
- This position will have remote work capabilities and must have the skill set to work independently, exercising sound judgement and maintaining high productivity levels.
- Remote work also requires high levels of electronic and telephonic communication.

The demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.