JOB TITLE: Insurance Billing Coder
DEPARTMENT: Billing
STATUS: Non-exempt
REPORTS TO: Dept. Supervisor/Practice Manager

POSITION SUMMARY

The Insurance Billing Coder is responsible for processing all insurance claims, i.e., private, Medicare, Workers' Compensation, PPO, and HMO, including secondary claims. All claims will be coded with CPT and ICD-10 codes according to the findings in the medical record. General duties include claims billing, charge entry and review, and regularly working the aging reports. Understand managed care contracts and reimbursement process. At all times, this position maintains the strictest confidentiality and follows the HIPAA rules and regulations.

RESPONSIBILITIES

1) Provide customer service both on the telephone and in the office for all patients and authorized representatives regarding patient accounts in accordance with practice protocol. Patient calls regarding accounts receivable should be returned within 2 business days to ensure maximum patient satisfaction.
2) Performs and demonstrates an understanding of insurance collections to include: payment in full, overpayment reviews and approvals, next action on correspondence.
3) Evaluate medical record documentation, discharge position, and assign coding that accurately reflects services rendered to the patient.
4) Understand and ensure that medical, diagnostic, and procedural codes and other documentation accurately reflect and support the visit to ensure compliance with Medicare and other payer guidelines.
5) Effectively communicate with providers when code assignments are not specific or documentation is inadequate, or unclear for coding purposes; offers opportunity to submit corrected documentation.
6) Perform in-depth account review such as: correspondence research, secondary claims billing, payment review, contractual adjustments and modify insurances/demographic information in compliance with billing policies and procedures for appropriate next required action.
7) Assist with month-end reporting.
8) Verify all demographic and insurance information at the time of charge entry to ensure accuracy.
9) Verifies patient coverage, benefits, deductibles, and co-payment requirements.
10) Identify, collect, and confirm insurance coverage to include verification of prior authorization, third party liability and coordination of benefits in collaboration with Precertification Specialist.
11) Monitor and assist in resolution of daily tasks assigned to department within Practice Management System.
12) Assist with Claims Center and Clearinghouse daily tasks. Correct failed claim errors to billing edits directly related to coding errors.
13) Follow-up on all outstanding insurance claims in accordance with practice protocol.
14) Assist with returned claims, correspondence, denials, account reconciliations
15) Process refunds to insurance companies in accordance with practice protocol
16) Monitor reimbursement and limitations of managed care networks and insurance carriers to ensure reimbursement is consistent with contract rates.
17) Assist with training of staff on billing requirements for new and established payers
18) Assist with monitoring of professional and payer publications and websites to remain current on coding changes relevant to the practice and communicate these changes to the team
19) Works collaboratively with all other departments to ensure a positive patient experience.
20) Other duties, as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to multitask efficiently and prioritize work to support production goals; detail oriented with above average organizational skills.
- Advanced and current knowledge of CPT, HCPCS and ICD-10-CM coding, medical terminology, and clinical documentation.

- Advanced knowledge of practice management systems and common office computer programs: Word, Excel, Internet.
- Knowledge of billing operations, including charges, coding, payment, insurance claims and appeals.
- Knowledge of customer service principles and techniques with the ability to communicate calmly and compassionately with patients, clinics, and coworkers.
- Must be able to work independently or as part of a team.

EDUCATION/EXPERIENCE REQUIRED

- High school graduate or equivalent required.
- 3+ years' experience of medical practice physician coding required.
- Certified Professional Coder (CPC) Certification or Certified Medical Coder (CMC) preferred but will consider candidates with extensive experience coding specialty charts.
- Experience coding orthopedic or pain management specialty highly desirable.

A review of this description has excluded the marginal function of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor.