

Job description

POSITION SUMMARY

The Medical Billing Specialist is responsible for processing all insurance claims including secondary and tertiary claims as well as managing patient accounts. All claims will be coded with HCPCS, CPT, and ICD-10 codes according to the findings in the medical record. General duties include verification of benefits, secondary insurance filings, and completion of the deposit slip. 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) Verifies patient coverage, benefits, deductibles, and co-payment requirements.
- 4) Monitor and assist in resolution of daily tasks assigned to department within practice management system.
- 5) Assist with Claims Center and Clearinghouse daily tasks.
- 6) Enters information necessary for insurance claims such as patient, insurance ID, diagnosis and treatment codes and modifiers, and provider information. Ensures claim information is complete and accurate.
- 7) Produce and submit claims to individual insurance companies via paper CMS-1500 form. For patients with coverage by more than one insurer, prepares and submits secondary claims upon processing by primary insurer, and tertiary when applicable.
- 8) Follow-up on outstanding insurance claims in accordance with practice protocol.
- 9) Assist with returned claims, correspondence, denials, account reconciliations.
- 10) Analyze, investigate, and resolve billing problems and denied/unpaid claims involving contact with patients, physicians, and insurance companies. Prepares appeal letters to insurance carrier when not in agreement with claim payment.
- 11) Post insurance payments into the practice management system.
- 12) Process refunds to insurance companies in accordance with practice protocol.
- 13) Periodically create insurance aging reports using the medical practice billing software.
- 14) Make proper adjustments as necessary to accounts.
- 15) Monitor reimbursement and limitations of managed care networks and insurance carriers to ensure reimbursement is consistent with contract rates.
- 16) Prepares daily close and deposits; responsible for petty cash.
- 17) Assist with training of staff on billing department protocols.
- 18) Works collaboratively with all other departments to ensure a positive patient experience.
- 19) 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.

Medical Billing Specialist

- Advanced knowledge of practice management systems and common office computer programs: Word, Excel, Internet.
- Current knowledge of CPT, HCPCS and ICD-10-CM coding, medical terminology, and clinical documentation.
- 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 working in a medical office required, orthopedic or pain management specialty practice highly desired.
- 2+ years' experience performing accounts receivable related duties in a medical practice.

Job Type: Full-time

Salary: \$16.00 - \$19.00 per hour

Schedule: Monday to Friday

Experience: Medical Billing: 2 years (Required)

License/Certification: Coding Certification (Preferred)

Work Location: In person

Application Question(s):

- Please explain job histories of one (1) year or less.
- This position is on-site only, we are not accepting applicants for remote or from third parties. Please do not complete application unless you are able to commute to our office Monday through Friday.