Practice Name

Job Description – Billing, Insurance and Coding Specialist

Purpose:
The job description of Billing, Insurance and Coding Associate is a written statement that identifies a job title and its related principal duties and responsibilities as required for, and established by the practice of____(Practice name)_______. It identifies the knowledge, ability, skill requirements, reporting relationships, and working conditions relevant to the position of Billing, Insurance and Coding Specialist. This job description shall be used as a tool against which to evaluate job content, set salary, establish hiring criteria, set performance standards, and defend the practice against claims of discrimination or unfair personnel practices.

I. JOB TITLE
   • Billing, Insurance and Coding Specialist

II. REPORTING STRUCTURE / SUPERVISORY RELATIONSHIP
   • Reports to Chief Financial Officer on all matters relating to financial, insurance and billing requirements.
   • Reports to Practice Manager on all other employee and job related issues.

III. DUTIES, RESPONSIBILITIES AND PROCEDURES
   • Billing:
     1. Submit claims and work rejects for claims submission, daily: -
        - Check for data errors.
        - Determine problem that resulted in a rejected claim, resolve, advise on procedural changes to implement and prevent further such rejects.
        - Resubmit/refile and appeal rejected claims, as is necessary.
        - Bill all insurance carriers on a timely basis (proof of timely filing).
        - Work accounts receivable on an on-going daily basis.
        - Generate and mail patient statements.
        - Check coding and post charges
        - Solve difficult insurance claim problems.
        - Adhere to billing requirements of Medicare, Medicaid, and managed care plans, commercial carriers, worker’s compensation and other government programs.

   • Through direct efforts and coordination of others efforts, ensure timely and accurate processing of claims and reimbursements in a manner that is consistent with industry best practices.
   • Develop, implement, and consistently seek improvement in policies and procedures for all billing and reimbursement functions.
   • Daily reconciliation of billing and reimbursements.
   • Coordination of timely collection of amounts past due to achieve corporate aging goals.
• Preparation and presentation of reports regarding daily activities, billed revenue, reimbursements, patient accounts, and collections.
• Provide service of the highest quality in a professional and courteous manner to our referral sources and patients.
• Active participation as a member of the administrative team in assisting others as needed to ensure all daily activities are completed, company goals are achieved, and continuous improvements and cost efficiencies are identified and pursued.
• Compliance with industry standards, regulations, and company policy and procedure.
• Representing the department at all meetings and conferences as requested by management.
• Through direct efforts and coordination of others efforts, ensure timely and accurate processing of claims and reimbursements in a manner that is consistent with industry best practices and provide service of the highest quality in a professional and courteous manner to our referral sources and patients.
• Develop, implement, and consistently seek improvement in policies and procedures for all billing and reimbursement functions to ensure department activities are carried out professionally and ethically, patients are treated respectfully, and revenue is optimized.
• Implement and enforce financial controls, including the daily reconciliation of billing and reimbursements.
• Supervise timely collection of amounts past due to achieve corporate aging goals.
• Prepare and present reports regarding daily activities, billed revenue, collected revenue, and patient accounts.
• Monitor and control productivity of all supervised employees and prepare and conduct employee evaluations.
• Coordinate the training of department staff and staff in other departments in finance policies and procedures.
• Participate as an active member of the management team in assisting others as needed to ensure all daily activities are completed, company goals are achieved, and continuous improvements and cost efficiencies are identified and pursued.
• Ensure compliance with industry standards, regulations, and company policy and procedure.
• Represent the department at all meetings and conferences as requested by management.
• Charge Medical and Rehab accounts from superbills received daily and reconcile each day
• Verify and update accounts with new patient demographic information received daily.
• Prints new face sheets for patient files when new information has been added or changed.
• Responsible for making sure all claims have the appropriate documentation before mailed.
• Mail out all signed claims to the insurance carrier with that appropriate documentation.
• Assists department with research of claims not paid and other duties assigned.
• Also back up posting Rehab monies.

**Backup to Finance Department:**
• Travels to post office to collect mail for posting and bank to deposit daily cash posting.
• Runs tape for daily deposit and gives deposit to Billing Coordinator to post.
• Set up new accounts
• Audit super-bills for accuracy in CPT, HCPCS, ICD9 coding
• Post charges & payments
• Balance day sheets
• Filing
• Investigation, analysis & follow-up for collection of overdue accounts
• Write appeal letters for denied or underpaid claims
• Make recommendations for referral to collection agency, bad debt or courtesy write-off
• Respond to legal proceedings such as Workers' Comp & PI liens, filing claims thru Bankruptcy Court, Creditors Claims for deceased patients

• Initiate & respond to telephone inquiries from clients, patients & others

• Coordinate insurance claims & statements for mailing

• Posing Checks:
  - Posts monies and checks received from insurance claims and patient payments.
  - Check EOB’s and reimbursement is correct with negotiated rates and fee schedules.
  - Once posted, ensure account has ‘$0’ balance, if not ‘work the account’ and resolve outstanding balance.
  - Attend to any refunds immediately.
  - Make appropriate notes in billing ledger of any action taken or in process.

• Collections:
  - Responsible for follow-up on unpaid claims and process of sending patients to collections as per office policy.
  - Assigns delinquent accounts to a collection agency when applicable.
  - Send reports to collections – either new, received payments on existing cases.
  - Check collections reports against patient accounts to ensure information is same.

• Closing the day:
  - Check superbills for correct billing entries and correct any errors, runs ‘missing ticket’ report to account for each and every superbill generated.
  - Print associated daily billing reports and check cash, checks, credit card receipts against report. Make necessary corrections, print final report and take to deposit in bank.
  - Where errors have occurred, investigate and correct. Where there are unresolved, incorrect daily balance irregularities, the office assistant must be informed immediately.
  - Check petty cash.
  - Check the deposit slip, printout and money on hand to ensure is correct and balances.
  - Close the day

• Monthly:
  - Print report that details all patients with credit balances, for refunding.
  - Month end reports for CFO to check and verify.
  - Assist with closing the month procedures required with billing software.

• Insurance:
  - Assists in administrative work managing the insurance and other reimbursement functions of the practice. This also includes follow-up to any problems that arise with third-party payers and collections.
  - Monitors changes in the workers compensation regulations, DOL and non-subscription, medical insurance industry and adjusts operating procedures accordingly. Aggressively pursues cost reimbursement through settlement negotiations.
  - Monitors monthly insurance reimbursement compliance.
  - Maintain comprehensive up to date listing of insurance carrier contracts and claims processing persons.
- Review regularly all bulletins and correspondence from carriers for up to date changes and keep for easy reference.
- Keep all insurance reference materials, manuals and forms organized.
- Work with carriers through electronic claims processing.
- Pre-certifications for DOL
- Assists in adhering to compliance regulations of HCFA.
- Handles phone inquiries from patients and insurance companies.
- Adhere to billing requirements of Medicare Part B (NCCI), Medicaid, and managed care plans, commercial carriers, worker’s compensation and other government programs.
- Conducts internal audits of patient charges and corresponding documentation.
- Assist in educating physicians and staff in requirements of documentation for proper reimbursement.
- Reviews fee schedules recommendations for changes and makes and sets up fees for new procedures.
- Works with practice accountant to provide information necessary to generate financial statements and to accomplish fiscal audits and reimbursement studies.

**Other duties:**

- Answer correspondence and/or telephone inquiries from insurance companies.
- Process and follow-up on insurance company correspondence including requests for information, and claim review.
- Work with patients who have insurance claim difficulties.

**Manages the billing department within the established budget.**

**Supervisory and administrative work managing the insurance and other reimbursement functions of the organization.** This also includes follow-up to any problems that arise with third-party payers and collections.

**Manages the filing and resolution of claims with individual carriers or agencies.** Insures maximum reimbursement through strategic financial planning.

**Monitors and evaluates monthly insurance reimbursements compliance and budgets.**

**Maintains and updates lists of insurance carriers and employers.**

**Solves difficult insurance claim problems.**

**Responsible for follow-up on unpaid claims and collections of unpaid balances.**

**Acts as resource to physicians, administrator and others, regarding health insurance claim policies and procedures for all types of insurance plans.** Assists physicians with researching, compiling, writing and revising business office, billing and coding policies, procedures and protocols.

**Is familiar with and incorporates business office, insurance, billing and coding policies and procedures in daily duties.**

**Responsible for keeping work area clean, neat and in a manner that is safe as required by OSHA, as well as free of food and any moisture.**

**Ensures all computer programs are closed down when leaving work area and at the end of every day.**

**Assists with researching, compiling, writing and revising office policies, procedures and protocols.**

**Is familiar with complies with and incorporates office policies and procedures in daily duties.**

**Maintains knowledge and complies with all personnel and other established job related policies and procedures.** Understands and includes the practice’s mission statement in daily performance of job duties.
• Is familiar with and adheres to personnel code of conduct.
• Understands and adheres to practice policy on patient and office confidentiality.
• Complies with all rules, regulations and procedures of the Practice Compliance Program which includes but is not limited to OIG Program, HIPAA, OSHA, CLIA and any other state, local or federally mandated regulations that affect a physician’s office.
• Informs practice manager and compliance officer of any concerns related to any compliance issues (OIG, HIPAA Privacy and Security, State Medical Board etc).
• Performs any other duties as requested and delegated by physician or practice manager.

IV. QUALIFICATIONS & EXPERIENCE
• Minimum of three years medical office billing experience, which must include collections.
• Associate or other degree, preferably in business.
• Minimum of two years experience with TWCC, DOL and non-subscription programs – medical fee guidelines
• Minimum of two years experience working with commercial, Medicare, Medicaid and managed care insurance procedures.
• Courses or certification in Insurance, Medical Billing and ICD-9 and CPT coding.
• Knowledge of medical terminology.
• Thorough knowledge of billing and coding policies and procedures.
• Certified professional coder or equivalent training.
• Familiarity with HCFA 1500 claim form completion.
• Proficiency in filing and collecting insurance claims.
• Analytical skills to examine billing information for accuracy and completeness.
• Ability to collect accounts in arrears in a sensitive manner.
• Previous experience with electronic claim filing and practice management software.
• Computer literate in MS-DOS and Windows applications, familiar with Windows 2000.
• Knowledge of word processing and spreadsheet programs.
• Typing skills.
• Ability to coordinate sequence of operation of a system and can revise procedures based on the analysis of data.
• Knowledge of healthcare administration and specifically healthcare billing and reimbursement procedures and regulations.
• Must have skill in accounts receivable management and be able to exercise initiative, judgment, and problem-solving skills.
• Must have sufficient computer skills to perform billing and collection tasks
• Knowledge of medical professional fee billing
• Basic accounting skills
• Skill to accurately audit patient ledgers
• Skill to read & comprehend complex documents & take appropriate action
• Skill to organize & prioritize workload, keep a personal procedure manual, coordinate many assignments simultaneously & meet deadlines
• Skill to perform computer & data entry functions
• Calculator by touch

Continuing Education
• Attends in-service education programs that are job related.
• Shows an interest in and provides proof of, upgrading skills and attends (at own
cost) continuing education that is job related, on an annual basis.
• Cross training with insurance and coding specialist.
• Attends all in-service training on Practice Partner Software.

V. PERSONAL QUALITIES AND CHARACTERISTICS
• Ability to communicate well with people both in personal contacts and on the phone.
• Professional, friendly appearance, good personal and dental hygiene.
• Good organizational skills.
• High accuracy and precision.
• Methodical.
• Pays attention to detail.
• Ability to recognize, evaluate, solve problems and correct errors.
• Skills in establishing and maintaining effective working relationships with other employees, patients, insurance carriers and the public.
• Ability to maintain patient and office confidentiality.
• Verbal & written communication skills
• Skill to effectively negotiate with patients, guarantors & other parties for payment of claims
• Effective interpersonal skills
• Ability to work independently with only general supervision
• Problem solving skills

VI. WORK CONDITIONS

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<tr>
<th>ACTIVITY</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Continuously</th>
<th>Hrs</th>
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<tbody>
<tr>
<td>a. Sitting</td>
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<td>b. Walking</td>
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<td>c. Standing</td>
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<tr>
<td>d. Bending</td>
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<td>e. Squatting</td>
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<td>f. Climbing</td>
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<td>g. Kneeling</td>
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<td>h. Twisting</td>
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• Requires manual dexterity sufficient to operate office equipment, including but not limited to keyboard, copier, telephone, fax machine and calculator.
• Requires a normal range of hearing and vision, and the ability to communicate clearly with office personnel and community.
• Work is normally performed in a typical interior/office work environment. May require some travel to include driving or flying.
• No or very limited physical effort required.
• Work environment involves minimal exposure to physical risks, such as operating dangerous equipment or working with chemicals.
• Work involves moderate exposure to unusual elements, such as extreme temperatures, dirt, unpleasant odors, and/or loud noises.

• Light physical effort. Requires handling of average-weight objects up to 20 pounds or some standing or walking. Effort applies to no more than two (2) hours per day.

• Requires ability to lift up to 50lbs, push and pull 50lbs.

• Some bending, stretching, lifting and stooping may be required.

VII. WORK SCHEDULE
• Monday - Friday: 9:00 am – 5:30 pm (30 minutes lunch, 15 minute am and pm break)
• Saturdays: - alternate with Billing Associate
• May be required to work some overtime dependent on patient load and physician’s needs.

VIII. PERFORMANCE STANDARDS:

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<tr>
<th>Performance Standards</th>
<th>Performance Tracking</th>
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<tr>
<td>❖ 100% accurate verification of insurance coverage for all patients</td>
<td>❖ EOB denials</td>
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<td>❖ Able to process 40 – 50 patients in the office per day</td>
<td>❖ Office visit volume and accuracy of edit reports.</td>
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<td>❖ 100% co-pay collection</td>
<td>❖ Co-pays.</td>
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<tr>
<td>❖ 100% accuracy in scheduling appointments.</td>
<td>❖ Patient appointments, patient and physician feedback.</td>
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<tr>
<td>❖ 100% accuracy in reconciling cash drawer.</td>
<td>❖ Cash posting, forms, receipts, logs.</td>
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<tr>
<td>❖ 100% accuracy in messages emailed to physicians and other employees.</td>
<td>❖ Physician/staff feedback.</td>
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<tr>
<td>❖ 10 minute average time for check in of new patients.</td>
<td>❖ Process time, patient satisfaction.</td>
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<tr>
<td>❖ 100% completion and turnover of mailed pre-registration packets to new patients.</td>
<td>❖ Track missing demographic data/return mail and patient feedback.</td>
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IX. ADDENDUM TO Billing, Insurance and Coding Associate JOB DESCRIPTION
X. ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF JOB DESCRIPTION FOR BILLING, INSURANCE AND CODING ASSOCIATE.

I. ______________________________ acknowledge the receipt of and accept the job title, job description and duties of Billing, Insurance and Coding Associate and can fulfill all of the requirements of the position. I also understand that additions/changes may be made without advanced notice, as the physicians or practice manager feel is appropriate.

___________________________    ________________________
Sign        Date

____________________________    ________________________
Practice Manager      Date