



## Medical Biller/Coder

The following is a description for the Medical Biller/Coder Position for Rolling Hills Clinic.

### **POSITION DESCRIPTION:** MEDICAL BILLER/CODER

**REPORTS TO:** Billing Manager

**SUPERVISES:** N/A

**POSITION SUMMARY:** The employee reviews, analyzes, and codes diagnostic and procedural information that determines Medicare, Medicaid and private insurance payments. The primary function of this position is to perform ICD-9-CM, CPT and HCPCS coding for reimbursement. The coding function is a primary source for data and information used in health care today, and promotes provider/patient continuity, accurate database information, and the ability to optimize reimbursement. The coding function also ensures compliance with established coding guidelines, third party reimbursement policies, regulations and accreditation guidelines. The employee will also be required to help with sending claims to the appropriate insurance company in a timely fashion as needed. Monitors patient accounts, collecting and posting payments from insurance companies and patients. Employee will also be responsible for providing monthly reports for requested information as needed.

### **SPECIFIC RESPONSIBILITIES:**

1. Assigns and sequences ICD-9-CM/CPT/HCPCS codes to diagnoses and procedures for documented information. Assures the final diagnoses and operative procedures as stated by the physician are valid and complete. Abstracts all necessary information from health records to identify secondary complications and co-morbid conditions.
2. May have to assist in billing patient claims out to the appropriate insurance company according to insurance guidelines. This includes; Medi-Cal, Medicare, Private insurance, CHDP or CMSP.
3. Abstracts all necessary information and assigns codes (ICD-9, CPT & HCPCS), which most accurately describe each documented diagnosis, surgical procedure and special therapy or procedure according to established guidelines.
4. Quantitative analysis – Performs a comprehensive review for the record to assure the presence of all component parts such as: patient and record identification, signatures and dates where required, and other necessary data in the presence of all reports which appear to be indicated by the nature of the treatment rendered.
5. Qualitative analysis – Evaluates the record for documentation consistency and adequacy. Ensures that the final diagnosis accurately reflects the care and treatment rendered. Reviews the records for compliance with established third party reimbursement agencies and special screening criteria. Have knowledge of insurance guidelines especially Medicare and Medi-Cal.
6. Analyzes provider documentation to assure the appropriate Evaluation & Management (E & M) levels are assigned using the correct CPT code.
7. Review patient accounts for accuracy and completeness before sending patient monthly statements using Bill Flash software.
8. Post patient and insurance payments thru ERA or the actual check.
9. Check each insurance payment for accuracy and compliance with contract discount, call insurance companies regarding any discrepancies.
10. Resolve claim denials with insurance and resubmit as appropriate including any requested information.
11. File Appeals and CIFS to Medi-Cal as necessary on all denied or outstanding medical claims.
12. Monitor the Accounts Receivable, which includes collecting any patient balances and assigning any accounts to the collection agency as needed.
13. Work with any Medical insurance company as far as credentialing or re-credentialing any new physicians or current physicians.
14. Correct account set up errors (guarantor, demographics, insurances, etc.).
15. Balance the daily payments received by patients and insurance companies, creating the daily medical deposit.
16. Assist patients or insurances with any inquiries pertaining to assigned accounts.
17. Identify and bill secondary or tertiary insurances as needed.

18. Work with physicians and medical staff to make sure all patient visits documentation is completed before sending out claims.
19. Communicates with the Billing Manager of any concerns that may interfere with the timely claim process and documentation. This includes concerns that need to be addressed with the front office regarding obtaining the proper billing information on each patient visit.
20. Assist front office or medical staff with any questions they may have regarding insurance or patient information.
21. Performs other position related duties as assigned.

**QUALIFICATIONS:**

1. High School Diploma or GED
2. Minimum of 2 to 4 years' experience in medical billing is **required**
3. Two years of coding experience using ICD-9-CM or equivalency. CCS, CCS-P or CPC certification is preferred. The incumbent is expected to enroll in continuing education courses to maintain certification. Six to twelve months would be required to become proficient in most phases of the job.
4. Advance knowledge of medical terminology, abbreviations, techniques and surgical procedures; anatomy and physiology; major disease processes; pharmacology; and the metric system to identify specific clinical findings, to support existing diagnoses, or substantiate listing additional diagnoses in the medical record.
5. Advance knowledge of medical codes involving selections of most accurate and description code using the ICD-9-CM, Volumes 1- 3, CPT, HCPCS, and IHS coding conventions.
6. Skill in correlating generalized observations/symptoms (vital signs, lab results, medications, etc.) to a stated diagnosis to assign the correct ICD-9-CM code.
7. Advance knowledge of medical codes involving selection of most accurate and descriptive code using the CPT codes for billing of third party resources.
8. Medical terminology is required
9. Extensive knowledge of official coding conventions and rules established by the American Medical Association (AMA), and the Center for Medicare and Medicaid Services (CMS) for assignment of diagnostic and procedural codes.
10. Knowledge of Medi-Cal and Medicare preferred
11. Previous experience with ECW preferred
12. Previous experience with Indian Health Services preferred
13. Excellent communication, customer service and problem-solving skills
14. Strong organizational, problem-solving and analytical skills
15. Ability to manage priorities and workload to meet department requirements
16. Acute attention to detail
17. Ability to work independently
18. Strong interpersonal skills
19. Good judgment with the ability to make timely and sound decisions
20. Creative, flexible, and innovative team player
21. This position requires an awareness and keen appreciation of American Indian traditions, customs, and socioeconomic needs and the ability at all times to meet and deal effectively in contact with Indian health organizations which require tact, courtesy, discretion, resourcefulness, and good judgment in handling functions of a sensitive nature.

**PHYSICAL/MENTAL REQUIREMENTS:**

While performing the duties of this job, the employee is frequently required to do the following:

1. Interpret complex laws, regulations, and/or policies.
2. Coordinate multiple tasks simultaneously.
3. Understand and respond to a diverse population.

While performing the duties of this job, the employee is regularly required to talk and hear. The employee frequently is required to stand, walk, sit, use hands to finger, handle, or feel; and reach with hands and arms. The employee is occasionally required to stoop. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision peripheral vision, depth perception and ability to adjust focus. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**WORK ENVIRONMENT:** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. The noise level in the work environment is usually low to moderate. Possible frequent exposure to blood-borne and air-borne pathogens or infectious materials.

**INDIAN PREFERENCE:** Preference in filling vacancies will be given to qualified Indian candidates, in accordance with the Indian Preference Act (Title 25, U.S. Code, Section 472 and 473). In other than the above, **RHC** is an equal opportunity, affirmative action employer, and does not discriminate in employment decisions based on race, color, religion, gender, national origin, age disability, or sexual orientation.

**LANGUAGE SKILLS:** Ability to read and interpret documents such as safety rules, insurance contracts including Medi-Cal and Medicare guidelines. Ability to write routine reports and correspondence. Ability to communicate effectively with customers and employees of organization.

**MATHEMATICAL SKILLS:** Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

**REASONING ABILITY:** Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

**PHYSICAL DEMANDS:** The physical 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 functions.

While performing the duties of this job, the employee is regularly required to talk and hear. The employee frequently is required to stand, walk, sit, use hands to finger, handle, or feel; and reach with hands and arms. The employee is occasionally required to stoop. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision peripheral vision, depth perception and ability to adjust focus.

**APPROVED BY:**

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

**DATE OF LAST REVISION:** 02/15

**DATE OF LAST REVIEW:**

**ASSIGNED SITE:**