



Medical/ Dental Biller/ Coder

Reports to: Finance/ Revenue Cycle Manager
Department: Finance
Program (if applicable):
Job Status: Non-Exempt

Classification: Non-Union
UDS Code: 030B Fiscal and Billing Staff
Date Revised: 6/17/2020
Revised by: Finance/ Revenue Cycle Manager

MAJOR FUNCTION

Under the general direction and supervision of the Finance and Revenue Cycle Manager, performs the functions of the Medical-Dental Biller/Coder. With a focus on detail and accuracy, the Medical-Dental Biller/Coder will work to ensure the timely coding of provider encounters for submission to insurance companies. The Medical-Dental Biller/Coder will also work with the Medical-Dental Coding Specialist to research and resolve billing issues.

ESSENTIAL FUNCTIONS

- Works cooperatively with all employees to carry out the goals and objectives of Henry J. Austin Health Center, according to the established policies and procedures and current initiatives
- Works closely with Finance and Revenue Cycle Manager to establish priorities in duties/responsibilities
- Accesses the Electronic Health System, Athena, daily, to retrieve, review, and accurately code or correct provider coding on billing encounters according to AMA, CPT, and ICD10 guidelines while following insurance requirements to maximize reimbursement.
- Communicates immediately with the provider to clarify any incomplete or unclear documentation.
- Ensures services are billed to the appropriate insurance or other revenue source for that date of service.
- Communicates immediately with Patient Access or insurances using various means to confirm or clarify coverage.
- Makes recommendations for documentation improvements to maximize reimbursement.
- Collaborates with the Primary Care Director, Behavioral Health Services Director, and providers to timely complete provider encounters that are missing information utilizing the "missing slips" claim worklist.
- Responds to the billing vendor for coding clarification requests produced by insurance denials.
- Contacts and works with patients to resolve insurance related billing issues.
- Works with the Patient Access department and Dental Manager to resolve billing and registration issues.
- Works closely with the Medical/Dental Coding Specialist with the goal of maximizing revenue for HJAHC.
- Performs all related work as required.

ADDITIONAL RESPONSIBILITIES:

- Additional functions of the role may be listed in this section.
- Performs other duties and assumes other responsibilities as apparent and/or as assigned by Finance/ Revenue Cycle Manager. Duties, responsibilities and activities may change or new ones may be assigned at any time with or without notice.

EDUCATION & EXPERIENCE:

- High School Diploma required, some College preferred
- Coding experience in primary care setting preferred
- Provider billing experience (3 years) with an understanding of medical insurances ie; Medicare, Medicaid, Managed Care, and Commercial insurances, and a thorough understanding of medical insurance billing basics, ie; charges, allowed amounts, payments, adjustments, denials, capitation, eligibility, coordination of benefits.

LICENSURE AND/OR CERTIFICATIONS:

- Certified Professional Coder (CPC) Required

KNOWLEDGE, SKILLS, ABILITIES AND OTHER (KSAO's)

- Computer literacy including proficiency in Microsoft Word and Excel
- Skill in the application of modern office techniques and practices and the use and care of office machines and equipment. Working knowledge of common software packages necessary to perform the functions of the position.
- Ability to use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Bilingual preferred
- Ability to work well with others and to assist the public and other staff members cooperatively and courteously.
- Must be detail oriented with strong organizational and analytical skills
- Excellent communication and interpersonal skills.
- Ability to complete projects timely and accurately critical
- Ability to convey information effectively.
- Strong initiative and ability to manage multiple projects as well as strong follow through skills
- Recognize and respect cultural diversity.
- Team work and collaboration
- Demonstrates computer proficiency.
- Meets dress code standards; appearance in neat and clean.
- Reports to work on time and as scheduled; completes work within designated time.
- Wears identification while on duty
- Maintains patient confidentiality at all times.
- Completes in-services and returns in a timely fashion.
- Attends annual review and department in-services, as scheduled.
- Represents the organization in a positive and professional manner.
- Actively participates in performance improvement and continuous quality improvement (CQI) activities.
- Complies with all organizational policies regarding ethical business practices.

- Communicates the mission, visions and goals of the facility, as well as the focus statement of the department.

PHYSICAL & WORK REQUIREMENTS

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.

This position requires the manual dexterity sufficient to operate phones, computers and other office equipment. The position requires the physical ability to kneel, bend, and perform light lifting. This person must have the ability to write and speak clearly using the English language to convey information and be able to hear at normal speaking levels both in person and over the telephone. Specific vision abilities required by this job include close vision, depth perception and the ability to adjust focus. Generally, the working conditions are good with little or no exposure to extremes in health, safety hazards and/or hazardous materials.

Henry J. Austin Health Center is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, creed, color, national origin, ancestry, marital status, civil union, domestic partnership, affectional or sexual orientation, genetic information, sex, gender identity, disability or veteran status.