

Billing and Collections Specialist

Job ID: 1263

This position will be responsible for the complete revenue cycle of a physician claim; including but not limited to coding and billing. It is the responsibility of the position to ensure that expected reimbursement from all payers for patient care is processed timely and paid accurately, and that the maximum allowable reimbursement is garnered for the physician services.

Essential Job Functions:

- Review patient demographics and insurance information in order to submit clean claims to insurance carriers
- Review clinical documentation and diagnostic results to extract data and apply CPT code(s) for billing
- Abstract and code diagnoses and procedures from health medical records by using appropriate classification systems
- Coder will review claims data to ensure that assigned codes meet required legal and insurance rules
- Submit claims electronically to appropriate insurance carriers at the end of each day
- All claims not submitted electronically will be dropped to a paper claim and mailed to the appropriate insurance carriers
- Review and resolve front end rejections returned by the clearinghouse, payer or from internal edits
- Work claims denials, conducts medical records research and corresponds with the collector and healthcare professional to resolve the issue
- Suggest billing component changes as necessary for payers
- Works special projects as assigned by Supervisor.
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Other Job Functions:

- Meet position's goals and objectives related to accuracy and productivity e.g. cash collections, coding accuracy, charge lag, efficiency, etc.
- Attend staff meetings or other company sponsored or mandated meetings as required
- Perform additional duties as assigned
- Ability to work off hours and overtime

Basic Qualifications:

- **CPC or CEDC, Preferred, but not required**
- High School Diploma or GED, required
- 2+ years, experience coding ICD-9-CM, ICD-10-CM (training and competency), HCPCS and CPT Codes, required

- Experience coding Medical (Neurosurgery, Ortho etc.), Physician Emergency Department/Urgent Care, Inpatient and Observation, preferred.
- Expertise in pathophysiology, anatomy, medical terminology, coding systems, techniques and procedures, preferred
- Experience with medical records or patient accounting systems, required
- Experience with EHR systems such as Practice Fusion. Experience with NUE MD billing software a plus.
- Proficiency using Microsoft Office Tools (Microsoft Word, Excel and Outlook), required
- Knowledge of all Health Insurance Portability and Accountability Act (HIPAA) guidelines and regulations, required
- Position requires fluency in English; written and oral communication

Required Education:

- High school or equivalent

Required Experience:

- Medical Billing/Coding: 2 years

Desired Characteristics:

- Experience working in administration, office management, or related field in a corporate or professional business environment.
- Excellent administrative and interpersonal skills, with ability and confidence to effectively interface with senior management and high profile clients.
- Extremely well organized, with attention to detail, yet able to multi-task in an environment of changing priorities.
- Intellectually sharp, able to grasp concepts and think/learn quickly.
- Professional approach, good judgment, creative problem-solver. Possessing the personal drive and commitment to work remotely.
- Ability to accept constructive criticism and deal calmly and effectively with high-stress situations. This includes continuing to persevere and remaining calm in challenging or frustrating circumstances.
- A self-starter able to work on own initiative and well in a team environment.

Job Type: Full-time

Salary Range: \$44,200.00 – 50,000 /year

Interested Candidates please apply online and reference Job ID: 1263.

By submitting your application/resume you verify that you have read and agree to the terms of the Genesis Candidate Privacy Notice. Your agreement is required to proceed.