Certified Billing and Coding Specialist

Salary Range:
$17.55 - $28.71 Hourly
$1,404.00 - $2,296.80 Biweekly
$36,501.00 - $59,712.00 Annually

FLSA: Exempt

Overview

We are an agency committed to innovative behavioral health services in trauma-informed care that promote healing and recovery to instill a sense of empowerment and foster a lifelong sense of resilience.

General Description

The purpose of this job is responsible for auditing progress notes, billing for services, appeal denied claims, verifying eligibility, submit referrals/authorization and post payments for all outpatient medical/substance abuse accounts for various providers. Billing and Coding Specialist will assist Revenue Cycle team with coding questions and/ special projects.

This class works under close to general supervision according to set procedures but determines how or when to complete tasks.

Duties and Responsibilities

The functions listed below are those that represent the majority of the time spent working in this position. Management may assign additional functions related to the type of work of the position as necessary.

- Maintain a Coding accuracy rate at or above 95%.
- Apply all coding rules and use of CPT codes and ICD-10 codes and appropriate use of modifiers.
- Responsible for making sure all claims have appropriate documentation before being coded and claims submitted; reviewing accounts for insurance of patient follow-up.
- Audit medical notes and superbills for accuracy in CPT, HCPCS, ICD-10 Coding.
- Filing medical/behavioral health claims, in timely manner.
- Checking each insurance payment for accuracy and compliance with contract discount.
- Calling insurance companies regarding any discrepancy in payments if necessary.
- Identifying and billing secondary or tertiary insurances.
- Researching and appealing denied claims.
- Answering all patient or insurance telephone inquiries pertaining to assigned accounts.
- Setting up patient payment plans and work collection accounts.

- Updating billing software with rate changes.
- Updating cash spreadsheets and running collection reports.
- Investigate and analysis all client accounts for collection of overdue balances.
- Assist department with research of claims not paid and/or denying.
- Provides service of the highest quality in a professional and courteous manner to all referral sources and patients.
- Coordination of timely collection of amounts pass due to achieve practice aging goals/monthly collection goals.
- Daily reconcile of billing and reimbursements.
- Develop implement and consistently seek improvement in policies and procedures for all billing and reimbursement functions.
- Assist in providing educational tools to providers.
- Assist all staff with coding as required.
- Constant review and recommended updates on coding changes.
- Assist in conducting internal audits for PC, MAT and BH services of patient charges and corresponding documentation.
  Interprets coding guidelines for accurate code assignment.
- Identifies the importance of documentation on code assignment and the subsequent reimbursement impact.
- Collects, posts, and manages patient account payments.
- Ensures healthcare facilities are reimbursed for all procedures.
- Performs other duties as assigned.

Minimum Education and Experience Requirements

Requires High School graduation or GED equivalent supplemented by a minimum of two (2) years of medical coding experience; or possession of any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities.

Experience with trauma-informed services; cognitive behavioral therapies, including DBT; and motivational therapies including the use of incentives, preferred.

Required Knowledge and Abilities

Knowledge of trauma-informed theories, principals, and practices (includes multi-faceted understanding of concepts such as community trauma, intergenerational and historical trauma, parallel processes, and universal precautions), preferred.

Physical Demands

Performs sedentary work that involves walking or standing some of the time and involves exerting up to 10 pounds of force on a regular and recurring basis or sustained keyboard operations.

Unavoidable Hazards (Work Environment)

- None

Special Certifications and Licenses

- Requires Certified Coding Specialist or Certified Coding Professional certification.

Americans with Disabilities Act Compliance

Emergence Health Network is an Equal Opportunity Employer. ADA requires Emergence Health Network to provide reasonable accommodations to qualified persons with disabilities. Prospective and current employees are encouraged to discuss ADA accommodations with management.

Other Job Characteristics

- Staffing requirements, including criteria that staff have diverse disciplinary backgrounds, have necessary State required license and accreditation, and are culturally and linguistically trained to serve the needs of the clinic's patient population.
- Credentialed, certified, and licensed professionals with adequate training in person-centered, family centered, trauma informed, culturally-competent and recovery-oriented care.

Note: This Class Description does not constitute an employment agreement between the Emergence Health Network and an employee and is subject to change by the Emergence Health Network as its needs change.