

Job Summary:

The Accounting Medical Billing Specialist is responsible for the bookkeeping, which include data entry, reconciliation, and pulling reports from QuickBooks and electronic health records. This position is responsible for processing and clearing insurance claims and invoices, as well as communicating with insurance companies and clients regarding payments for services rendered. The Accounting Medical Billing Specialist will evaluate medical records and charge tickets to ensure completeness, accuracy, and compliance with the International Classification of Diseases Manual - Clinical Modification (ICD-10-CM), and the American Medical Association's Current Procedural Terminology Manual (CPT). The Specialist will also provide technical guidance and training on medical coding to Clinical providers and staff.

This position is part of a team of clinical, support, and administrative staff, with a group practice who integrate Faith (Judeo-Christian), Modern Science, and age-old wisdom, in its work and service delivery. The person in this position is part of a group practice based on Judeo-Christian principles and values, within a framework of culture and diversity. The person in this position is not required to be a Judeo-Christian but must demonstrate natural innate qualities which are in alignment with faith-based principals and standards (i.e., kindness, fairness, truth and authenticity, dignity, respect, loving others as themselves, reliance on a higher source.), including the golden rule -do unto others as you would have them do unto you – loving others. The owner's ultimate purpose through her businesses is to fulfill 2 basic principles: Loving God who is One, and loving others as we love ourselves.

Supervisory Responsibilities:

None.

Duties/Responsibilities:

Bookkeeping and Billing

- Provide billing support to a multi-state group practice.
- Submit claims and process invoices and clearing invoices.
- Enter data and maintained updated records within QuickBooks and Electronic Health Records
- Perform account reconciliations
- Communicate with all stakeholders (i.e., insurance companies, clients, etc.)
- Checks to ensure that records for clients include all information required for third-party reimbursement.
- Verifies correct coding to ensure prompt payment.
- Inputs correct billing information and transmits electronically to the cleaning house.
- Consults with claim clerks in the Payors office about any disputed claims and follows up on all bills not processed within usual claim period.
- Review's remittance advice forms to determine any adjustments made to bills as submitted and consults with the Payors.
- Authorizes or adjusts bills to correct errors.

- Prepares weekly and monthly reports of billing for the Administration's office.
- Attends training to keep abreast of changes in Medicaid billing procedures and attends annual in-services (fire, safety, and infection control.), as well as commercial insurance payors.

Coding

- Evaluates medical record documentation and charge-ticket coding to optimize reimbursement by ensuring that diagnostic and procedural codes and other documentation accurately reflects and supports outpatient visits and to ensure that data complies with legal standards and guidelines.
- Review's state and federal Medicare and Medicaid (Medi-Cal) reimbursement claims for completeness and accuracy before submission to minimize claim denial.
- Evaluates records and prepares reports on such topics as the number of denied claims or documentation or coding issues for review by management and/or professional evaluation committees.
- Makes recommendations for changes in policies and procedures; works with data processing staff to revise the computer master file. Develops and updates procedures manuals to maintain standards for correct coding, to minimize the risk of fraud and abuse, and to optimize revenue recovery.
- Provides technical guidance to clinical staff in identifying and resolving issues or errors such as incomplete or missing records and documentation, ambiguous or nonspecific documentation, and/or codes that do not conform to approved coding principles/guidelines.
- Reads bulletins, newsletters, and periodicals and attends workshops to stay abreast of issues, trends, and changes in laws and regulations governing medical record coding and documentation.
- Educates and advises staff on proper code selection, documentation, procedures, and requirements.
- Identifies training needs, prepares training materials, and conducts training for physicians and support staff to improve skills in the collection and coding of quality health data.

Required Skills/Abilities:

QuickBooks proficiency

Knowledge of ICD-10-CM and CPT coding guidelines; medical terminology; anatomy and physiology; state and federal Medicare reimbursement guidelines

English grammar and usage.

Ability to research and analyze data, draw conclusions, and resolve issues; read, interpret, and apply policies, procedures, laws, and regulations.

Ability to read and interpret medical procedures and terminology.

Ability to develop training materials, make group presentations, and to train staff

Ability to exercise independent judgment.

Excellent written and verbal communication skills to prepare reports and related documents and to maintain working relationships with clinical staff.

Ability to maintain confidentiality.

Education and Experience:

Two years of relevant work experience in accounting and medical billing.

High school diploma

Physical Requirements:

Prolonged periods of sitting at a desk and working on a computer.

Must be able to lift up to 15 pounds at times.

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