

Hannah Medical Consulting, LLC



JOB DESCRIPTION

Position: Medical Billing and Coding Specialist

Reports to: Vice President, Billing Services

Salary: Salaried, \$45,000

Hours: Full-time

A Medical Billing and Coding Specialist plays a crucial role in the healthcare industry by ensuring accurate and timely processing of medical claims and maintaining the integrity of patient records. This role involves translating medical procedures and diagnoses into universally recognized codes, verifying insurance information, and submitting claims to insurance companies or government programs for reimbursement. The specialist must possess a strong understanding of medical terminology, coding guidelines, and healthcare regulations.

Basic Responsibilities

- Code Medical Records:
 - Analyze medical records and translate diagnoses, procedures, and services into standardized medical codes, such as ICD-10-CM, CPT, and HCPCS Level II codes.
 - Ensure accuracy and completeness in coding to reflect the patient's medical condition and treatment accurately.
- Data Entry and Documentation:
 - Enter coded data into electronic health records (EHR) or billing software, maintaining patient confidentiality and compliance with data protection regulations.
 - Review and update patient information, insurance details, and demographics.
- Claims Submission:
 - Prepare and submit insurance claims electronically or on paper to various payers, including private insurance companies, Medicare, and Medicaid.
 - Verify insurance eligibility and coverage to ensure proper billing.
- Insurance Follow-Up:
 - Track and follow up on submitted claims to identify and resolve any claim denials, rejections, or discrepancies.
 - Appeal denied claims, when necessary, and resubmit corrected claims.
- Compliance and Regulation:

- Stay up-to-date with changes in healthcare regulations, coding guidelines, and insurance policies.
- Ensure compliance with HIPAA regulations and other legal requirements regarding patient data and billing practices.
- Communication:
 - Collaborate with healthcare providers, physicians, nurses, and administrative staff to clarify coding-related issues or obtain missing information.
 - Respond to inquiries from patients and insurance companies regarding billing and coding matters.
- Revenue Cycle Management: Assist in the revenue cycle management process by optimizing billing procedures, minimizing errors, and accelerating reimbursement.
- Quality Assurance: Conduct regular audits and quality checks on coding and billing processes to maintain accuracy and compliance.

Preferred Skills

- Must have experience working with multiple different specialties
- Must have experience with several different practice management systems

Required Qualifications

- High school diploma or equivalent; completion of a medical billing and coding program or certification from a recognized organization (e.g., AAPC or AHIMA).
- Strong knowledge of medical terminology, anatomy, and physiology.
- Proficiency in ICD-10-CM, CPT, and HCPCS Level II coding systems.
- Familiarity with healthcare billing software and electronic health records (EHR) systems.
- Attention to detail and accuracy in coding and data entry.
- Excellent organizational and time management skills.
- Knowledge of healthcare regulations, including HIPAA.
- Strong communication skills for effective collaboration with healthcare providers and insurance representatives, both written and verbal.
- Ability to adapt to changes in coding guidelines and industry regulations.
- Ethical conduct and respect for patient confidentiality.

A Medical Billing and Coding Specialist plays a pivotal role in healthcare administration, ensuring that medical claims are processed efficiently, healthcare providers receive proper reimbursement, and patient records are maintained with precision and compliance.