



JOB DESCRIPTION

Job title	<i>Billing and Coder</i>	FLSA Class:	<i>Non-Exempt</i>
Department	<i>Fiscal</i>	Position Type:	<i>Full Time</i>

Job purpose

Under the supervision of the CFO, the Medical Biller & Coder is accountable for understanding and coding all office visits, and procedures within regulatory mandates. He or she is responsible for reviewing and allocating the appropriate payments per payor contract and make necessary adjustment to patient accounts; follow-up on outstanding insurance claims, submit appeals, verifying and notifying patients of any outstanding deductible and co-insurance amounts prior to upcoming office visit or procedure.

Duties and responsibilities

- Assures accuracy of all CPT, ICD and HCPCS coding.
- Medicare billing, follow up, post electronic remittance advice and review R/A's for correct adjustments, denials and adjustments in DDE.
- Reviews insurance EOBs/ERAs to verify proper adjudication and payment of claims.
- Responds to insurance correspondence and improper denials of claims. Initiates and answers pertinent correspondence. Prepares and writes insurance appeal letters.
- Reviews current status of patient accounts to identify and resolve coding, billing and processing problems in a timely manner.
- Assist with the billing and tracking of payments for depositions, legal proceedings, etc.
- Enter and update patient demographics and insurance information if necessary for upcoming office visits or procedures.
- Verifies patient eligibility and benefits for upfront collection on unmet deductibles and co-insurance.
- Responsible for reviewing operative reports within three business days of procedure and ensuring appropriate CPT, HCPCS, modifiers and ICD-10 codes are assigned.
- Enter charges accurately according to insurance payors and contracts.
- Responsible for submitting clean claims by attaching necessary documentation for payment.
- Responsible for posting insurance payments to patient accounts.
- Posting all co-pays, co-insurance payments and deductibles to patient accounts.
- Submit all secondary claims when necessary.
- Keep up to date with carrier rule changes.



- Understands and remains updated with current coding and billing regulations and compliance requirements.
- Perform other duties as assigned.

Qualifications

- Bachelor Degree in related field or GED required with completion of coding program.
- Billing and coding certificate **REQUIRED**
- CPC -Certified Professional Coder **REQUIRED**
- Must have a minimum of 2 years of experience in CPT and ICD-9 coding; familiarity with medical billing and terminology.
- Ability to interact with patients, medical and administrative staff, and the public effectively.
- Knowledge of NextGen system is required.
- Ability to manage relationships with various insurance payers.
- Experience in filing claim appeals with insurance companies to ensure maximum entitled reimbursement.
- Responsible use of confidential information.
- Perform to company standards of compliance with policies and procedures.
- Proficient computer skills, Microsoft Office (Word, Excel and Outlook).
- Bilingual in Chinese Cantonese and/or Mandarin a plus, but not required.

Direct reports

Billing Supervisor