

· **Billing Specialist - Hourly \$19 - \$25**

· **Role and Responsibilities**

The Billing Specialist is responsible for processing insurance claims in a timely and accurate manner. This includes ensuring all required elements—diagnosis codes, treatment codes, charges, modifiers, and provider details—are complete and correct prior to claim submission.

Primary duties include:

- Submit insurance claims accurately and promptly, ensuring that all coding and billing elements are complete.
- Work assigned payers to ensure claims are paid within 60 days of the billing date.
- Prioritize workloads by balancing the oldest and highest dollar claims with current claims, reviewing all accounts monthly.
- Conduct necessary research and submit timely appeals or reconsideration requests to insurance payers when needed.
- Verify accuracy of claim information when resubmitting electronically or by paper.
- Process and respond to medical record requests within payer-specified timeframes.
- Assist with incoming phone calls, including answering patient and payer questions, accepting payments, and providing general support.
- Ensure compliance with medical terminology, CPT, ICD-10, NCCI edits, LCD edits, and all applicable coding laws and regulations.
- Ensure coding used aligns with reimbursable services and meets payer requirements.
- Maintain patient confidentiality at all times in accordance with HIPAA guidelines.
- Perform light administrative duties as needed and complete other tasks as assigned by the Revenue Cycle Manager or department supervisor.

Qualifications and Education Requirements

- Minimum of two (2) years of experience in medical insurance billing required.

Preferred Skills

- Proficiency with internet navigation, Microsoft Office applications, and EMR software.
- Strong interpersonal skills; ability to work independently and collaboratively.
- Knowledge of HIPAA regulations and commitment to maintaining confidentiality.
- Excellent accuracy, efficiency, and attention to detail.
- Strong understanding of medical terminology, CPT, and ICD-10 coding.

- Ability to meet deadlines consistently.
- Timely follow-up on insurance claim denials, exceptions, or exclusions.
- Regular attendance at monthly staff meetings and required continuing education sessions.