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## Practice Name

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### Job Description – Billing and Coding Associate

**Purpose:**

The job description of Billing and Coding Associate is a written statement that identifies a job title and its related principal duties and responsibilities as required for, and established by the Obstetric and Gynecology physician's practice of \_\_\_\_ (practice name) \_\_\_\_\_. It identifies the knowledge, ability, skill requirements, reporting relationships, and working conditions relevant to the position of Billing, and Coding Associate. This job description shall be used as a tool against which to evaluate job content, set salary, establish hiring criteria, set performance standards, and defend the practice against claims of discrimination or unfair personnel practices.

**I. JOB TITLE**

- Billing and Coding Associate

**II. REPORTING STRUCTURE / SUPERVISORY RELATIONSHIP**

- Reports to Financial Officer on all matters relating to financial insurance and billing requirements.
- Reports to Practice Manager on all other practice administration and personnel issues, insurance and billing.
- Reports to Nurse Practitioner for any clinical issues.

**III. DUTIES, RESPONSIBILITIES AND PROCEDURES**

- Through direct efforts and coordination of others efforts, ensure timely and accurate processing of claims in a manner that is consistent with industry best practices.
- Develop, implement, and consistently seek improvement in policies and procedures for all billing and reimbursement functions.
- Daily reconciliation of billing and reimbursements.
- Coordination of timely collection of amounts past due to achieve practice aging goals.
- Provide service of the highest quality in a professional and courteous manner to our referral sources and patients.
- Active participation as a member of the administrative team in assisting others as needed to ensure all daily activities are completed, company goals are achieved, and continuous improvements and cost efficiencies are identified and pursued.
- Develop, implement, and consistently seek improvement in policies and procedures for all billing and reimbursement functions to ensure department activities are carried out professionally and ethically, patients are treated respectfully, and revenue is optimized.
- Assist in the training of department staff and staff in other departments in finance policies and procedures.
- Ensure compliance with industry standards, regulations, and company policy and procedure.
- Charge capture from superbills received daily and reconcile superbills/lost tickets each day

- Verify and update accounts with new patient demographic information received daily.
- Prints new face sheets for patient files when new information has been added or changed.
- Responsible for making sure all claims have the appropriate documentation before being coded and claims submitted.
- Assists department with research of claims not paid and other duties assigned.
- Set up new accounts
- Audit medical notes and superbills for accuracy in CPT, HCPCS, ICD9 coding
- Post charges & payments
- Claim filing
- Investigation, analysis & follow-up for collection of overdue accounts
- Make recommendations for referral to collection agency, bad debt or courtesy write-off
- Initiate & respond to telephone inquiries from clients, patients & others
- Documents all communications and activities in billing and financial notes in Centricity to assist with clear, concise and accurate communication to all who work with patients billing ledgers and processes.
- **Coding**
  - Reviews all documentation to ensure coding by provider is supported
  - Apply all coding rules and use of CPT and ICD codes and appropriate use of modifiers
  - Where providers have made errors or missed coding, use as educational tool for the provider(s)
  - Assist in educating physicians and staff in requirements of documentation for proper reimbursement.
  - Assists all staff with coding as required
  - Constant review and recommends updates on coding changes
  - Assists with annual superbill review and update with CPT-4 and ICD-9 codes
  - Assists in conducting internal audits of patient charges and corresponding documentation.
- **Billing:**
  - Submit claims and work rejects for claims submission, daily
  - Check for data errors.
  - Determine problem that resulted in a rejected claim, resolve, advise on procedural changes to implement and prevent further such rejects.
  - Resubmit/refile and appeal rejected claims, as is necessary.
  - Check coding and post charges
  - Adhere to contractual requirements of Medicare, Medicaid, and managed care plans
  - Scrub and submit claims
  - Run daily update and insurance exception reports
  - Review and correct, re-scrub rejected claims
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- **Pre-authorizes** all in office procedures, surgeries and OB care
- **Accounts Receivable and patient statements:**
  - Runs A/R report
  - Works accounts receivable (60-120)
  - Works “owners list” from Centricity Billing for A/R that has been assigned to you as owner.
  - Mail patient statements weekly utilizing a cycle billing process, and dividing

the alphabet by four and send patient statements (week 1: A-F; week 2: G-M; week 3:N-T; week 4: U – Z)

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- **Collections:**
  - Patient collections
  - Responsible for follow-up on unpaid claims and process of sending patients to collections as per office policy.
  - Assigns delinquent accounts to a collection agency when applicable.
  - Work collection of past due accounts weekly, follow-up on payment arrangements
- **Closing the day:**
  - Check superbills for correct billing entries and correct any errors, runs ‘missing ticket’ report to account for each and every superbill generated.
  - Reconcile lost tickets
- **Monthly:**
  - Assist with closing the month procedures required with billing software.
  - Notify office manager and accountant of patient refunds
- **OTHER DUTIES**
  - Assist patients with questions regarding insurance and/or account balances
  - Chronological filing of all superbills, sign in sheets and days copy of original and updated appointment schedule.
  - Work with patients who have insurance claim difficulties.
  - Schedules in-office and surgeries and associated pre-op appointments
  - Discusses financial plan and commitment for in-office, surgery and OB patients (initial review and discussion is with practice manager)
  - Assists with answers telephone calls during the day
  - Assists with scheduling patients
  - Covers front desk in absence of front desk representative
  - Assist with pulling and filing of patient charts
  - Assists in clinical areas as determined by needs of patient load and staffing
  - Works with financial officer to provide information necessary to generate financial statements and to accomplish fiscal audits and reimbursement studies.
- Responsible for follow-up on unpaid claims and collections of unpaid balances.
- Assists practice manager with researching, compiling, writing and revising business office, billing and coding policies, procedures and protocols.
- Responsible for keeping work area clean, neat and in a manner that is safe as required by OSHA, as well as free of food and any moisture.
- Ensures all computer programs are closed down when leaving work area and at the end of every day.
- Is familiar with complies with and incorporates office policies and procedures in daily duties.
- Maintains knowledge and complies with all personnel and other established job related policies and procedures. Understands and includes the practice’s mission statement in daily performance of job duties.

- Is familiar with and adheres to personnel code of conduct.
- Understands and adheres to practice policy on patient and office confidentiality.
- Complies with all rules, regulations and procedures of the Practice Compliance Program which includes but is not limited to OIG Program, HIPAA, OSHA, CLIA and any other state, local or federally mandated regulations that affect a physician's office.
- Informs practice manager and compliance officer of any concerns related to any compliance issues (OIG, HIPAA Privacy and Security, State Medical Board etc).
- Assists all front office colleagues and financial officer as needed daily to ensure daily department goals and job duties are met.
- Performs any other duties as requested and delegated by physician, chief financial officer or practice manager.

#### **IV. QUALIFICATIONS & EXPERIENCE**

- Minimum of three years medical office billing experience, which must include collections.
- Associate or other degree, preferably in business.
- Minimum of two years experience with OBGYN.
- Minimum of two years experience working with commercial, Medicare, Medicaid and managed care insurance procedures and plans.
- Certified professional coder or equivalent training.
- Current courses or certification in Insurance, Medical Billing and ICD-9 and CPT coding.
- Knowledge of medical terminology.
- Thorough knowledge of billing and coding policies and procedures.
- Proficiency in filing and collecting insurance claims.
- Analytical skills to examine billing information for accuracy and completeness.
- At least two years current experience with management of accounts receivable in a physician's office and be able to exercise initiative, judgment, and problem-solving skills.
- Ability to collect accounts in arrears in a sensitive manner.
- Previous experience with electronic claim filing and practice management software packages.
- Computer literate in current Windows applications – word, excel, access, outlook.
- Typing skills.
- Ability to coordinate sequence of operation of a system and can revise procedures based on the analysis of data.
- Knowledge of healthcare administration and specifically healthcare billing and reimbursement procedures and regulations.
- Knowledge of medical professional fee billing
- Basic accounting skills
- Skill to accurately audit patient ledgers
- Skill to organize & prioritize workload, keep a personal procedure manual, coordinate many assignments simultaneously & meet deadlines
- Skill to perform computer & data entry functions
- Calculator by touch

#### **Continuing Education**

- Attends in-service education programs that are job related.
- Shows an interest in and provides proof of, upgrading skills and attends (at own cost) continuing education that is job related, on an annual basis.
- Cross training with insurance and coding specialist.

- Attends all in-service training on Practice Management Software.
- Maintains Coding certification with required CEU's.

## V. PERSONAL QUALITIES AND CHARACTERISTICS

- Ability to communicate well with people both in personal contacts and on the phone.
- Professional, friendly appearance, good personal and dental hygiene.
- Good organizational skills.
- High accuracy and precision.
- Methodical.
- Pays attention to detail.
- Ability to recognize, evaluate, solve problems and correct errors.
- Skills in establishing and maintaining effective working relationships with other employees, patients, insurance carriers and the public.
- Ability to maintain patient and office confidentiality.
- Verbal & written communication skills
- Skill to effectively negotiate with patients, guarantors & other parties for payment of claims
- Effective interpersonal skills
- Ability to work independently with only general supervision
- Problem solving skills

## VI. WORK CONDITIONS

| ACTIVITY     | Occasionally | Frequently | Continuously | Hrs |
|--------------|--------------|------------|--------------|-----|
| a. Sitting   |              |            | X            |     |
| b. Walking   | X            |            |              |     |
| c. Standing  | X            |            |              |     |
| d. Bending   | X            |            |              |     |
| e. Squatting | X            |            |              |     |
| f. Climbing  | X            |            |              |     |
| g. Kneeling  | X            |            |              |     |
| h. Twisting  | X            |            |              |     |

- Requires manual dexterity sufficient to operate office equipment, including but not limited to keyboard, copier, telephone, fax machine and calculator.
- Requires a normal range of hearing and vision, and the ability to communicate clearly with office personnel and community.
- Work is normally performed in a typical interior/office work environment. May require some travel to include driving or flying.
- No or very limited physical effort required.
- Work environment involves minimal exposure to physical risks, such as operating dangerous equipment or working with chemicals.
- Work involves moderate exposure to unusual elements, such as extreme temperatures, dirt, unpleasant odors, and/or loud noises.

- Light physical effort. Requires handling of average-weight objects up to 20 pounds or some standing or walking. Effort applies to no more than two (2) hours per day.
- Requires ability to lift up to 50lbs, push and pull 50lbs.
- Some bending, stretching, lifting and stooping may be required.

## **VII. WORK SCHEDULE**

- Monday - Friday: 8:30 am – 12:00pm and 1:00pm to 5:00pm(1 hour lunch break)
- Other office hours as dictated by patient and practice needs.
- May be required to work some overtime dependent on patient load and physician's needs.

## VIII. PERFORMANCE STANDARDS:

| Performance Standards  | Performance Tracking  |
|--|---|
| <ul style="list-style-type: none"> <li>❖ 100% accurate verification of insurance coverage for all in-office procedures, hospital surgeries</li> <li>❖ Able to process 40 – 50 patients in the office per day</li> <li>❖ 100% co-pay, deductible and OSB collection</li> <li>❖ 100% accuracy in scheduling appointments.</li> <li>❖ 97% accuracy in coding</li> <li>❖ 100% accuracy in messages emailed to physicians and other employees.</li> <li>❖ 100% accuracy for daily superbill reconciliation</li> <li>❖ timely and accurate processing of claims:               <ol style="list-style-type: none"> <li>1. office visits</li> <li>2. hospital visits</li> <li>3. in office procedures</li> <li>4. surgeries and OB</li> </ol> </li> <li>❖ ---</li> </ul> | <ul style="list-style-type: none"> <li>❖ EOB denials</li> <li>❖ Office visit volume and accuracy of edit reports.</li> <li>❖ Co-pays, deductible and OSB payment posting</li> <li>❖ Patient appointments, patient and physician feedback.</li> <li>❖ EOB Denials</li> <li>❖ Physician/staff feedback.</li> <li>❖ Posting of charges and lost ticket reports</li> <li>❖ Industry Standards for timely processing of claims:               <ol style="list-style-type: none"> <li>1. 1-2 days</li> <li>2. 2-5 days</li> <li>3. 1-2 days</li> <li>4. 2-5 days charge entry and 7 – 10 days for claim submission</li> </ol> </li> <li>❖ ----</li> </ul> |

**IX. ADDENDUM TO Billing, Insurance and Coding Associate JOB DESCRIPTION**

**X. ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF JOB DESCRIPTION FOR BILLING, INSURANCE AND CODING ASSOCIATE.**

I, \_\_\_\_\_ acknowledge the receipt of and accept the job title, job description and duties of Billing and Coding Associate and can fulfill all of the requirements of the position. I also understand that additions/changes may be made without advanced notice, as the physicians or practice manager feel is appropriate. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Practice Manager

\_\_\_\_\_  
Date