

BILLING CLERK II

GENERAL STATEMENT OF DUTIES: Performs professional tasks in Medicare, Medicaid, and Private Insurance billing/coding process; responsibilities include charge entry, payment posting, accounts receivable, and insurance appeals; works under the direction of the Public Health Accounting Supervisor to collect all available reimbursements for services performed; must demonstrate ability to perform clerical tasks including properly formatted written communications with clients and vendors performs related work as required.

STATEMENT OF TASKS:

Collect and review all encounter forms from each program reporting to Supervisor when forms are not received or complete;

Analyze account detail (charges, payments, adjustments) and answer detailed questions from payers and third party payers regarding claims or account status;.

Assist Supervisor to identify and provide solutions for denials to obtain proper reimbursement of services;

Input claims R/T insurance billing reimbursements;

Assist medical providers and employees with direction on the usage of a specific diagnosis code, CPT code, and modifier or documentation requirements;

Assist in compliance with governmental and other third-party payer rules and regulations governing coding and billing;

Assist in implementing Genesee County Health Department program requirements to ensure correct and appropriate coding and billing;

Create manuals and procedure documents for other clerical staff to follow as it relates to billing procedures that have been approved by the Accounting Supervisor;

Assist staff members with the correct procedure process manual for insurance verification based on provider;

Maintain accounts payable and accounts receivable log;

Perform other assigned medical billing accounts receivable duties.

The statement of tasks above is intended to be sufficient to identify the class and be illustrative of the many duties that may be assigned. It should not be interpreted to describe all of the duties an employee assigned to this class may be required to perform.

REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:

Must have a comprehensive knowledge of the Billing Process, coding CPT4 and ICD-9; excellent PC skills, working knowledge and experience with computerized billing systems and electronic claims submissions;

Must have experience in identifying and resolving billing and reimbursement issues;

Experience with mental health billing is preferred;

Ability to troubleshoot denied claims from payers;

Knowledge of medical terminology and medical procedures as related to physician Medicaid and clinical support billing codes;

Knowledge of computerized billing systems and procedures;
Ability to conform to departmental performance standards;
Ability to establish and maintain effective working relationships with superiors, co-workers, subordinates, consumers, and the public;
Ability to attend work regularly and to work under stressful conditions.

MINIMUM QUALIFICATIONS:

Associates degree/Certification in medical curriculum **AND** one year billing experience

OR

High School graduation or equivalent and RHIT or CCS-P or CPC certification **AND** three (3) years recent experience in outpatient, Medicare and Medicaid, computerized and manual physician billing for third party payers.

OR

High School graduation or equivalent **AND** five (5) years recent experience in outpatient, Medicare and Medicaid, computerized and manual physician billing for third party payers.

ADDITIONAL REQUIREMENTS: Must submit a copy of college transcripts and/or certification with application.

Established: September 30, 2010
Revised: August 1, 2012



Human Resources Director