



Genevive

Job Description: Medical Coding Insurance Specialist

Title: Medical Coding Insurance Specialist

Department: Business Operations

Position Summary: The Medical Coding Insurance Specialist utilizes knowledge of insurance regulations, health insurance contracts, medical coding, and bookkeeping to perform a variety of revenue cycle support activities. These include but are not limited to: medical coding, ensuring the accuracy of the information housed in the practice management system, submitting accurate claims, and following up on accounts.

Supervision Received: Director of Business Operations

Supervision Exercised: n/a

Hours per Pay Period: 80

Classification:

Full-Time

Exempt

Part-Time

Non-Exempt

Education/Qualifications:

Required:

- High School Diploma, GED, or suitable equivalent
- Coding Certification from APPC or AHIMA
- Minimum of one (1) year work experience as a Medical Coder

Strongly Preferred:

- Minimum five (5) years medical coding work experience working in healthcare; two (2) years medical coding work experience with geriatric populations
- Knowledge of general accounting principles, revenue cycle processes, medical insurance, and associated regulations
- High degree of accuracy and attention to detail
- Ability to manage multiple tasks/projects, and deadlines simultaneously and to identify and resolve exceptions and to interpret data; proficient in data entry
- Customer service orientation and negotiation skills, including the ability to interface with third party payers
- Excellent communication skills, both verbal and written
- Proficient computer skills, including Microsoft Office applications

Essential Functions:

- Medical Coder Responsibilities:
 - Extracts relevant information from patient records
 - Liaisons with providers and other parties to clarify information
 - Examines documents for missing information; corrects information as needed
 - Assigns CPT, HCPCS, ICD-10-CM, and DRG codes
 - Ensures documents are grammatically correct and free from typing errors
 - Performs chart audits
 - Answers questions, advises, and trains providers and staff on medical coding
 - Informs supervisor of issues with equipment and computer program
 - Ensures compliance with medical coding policies and guidelines; understands the application of each code set
 - Maintains current knowledge regarding coding and diagnostic procedures
 - Works towards compliance in all aspects of coding, participates in compliance activities as requested, and conducts/participates in provider coding reviews, as requested
- Insurance Specialist Responsibilities:
 - Maintains practice management system by entering new patient data, billing information, Carrier correspondence, EOBs, and payments received into the system
 - Responsible for entering, reviewing, verifying, and maintaining all patient information in the practice management system, including verifying patient insurance information
 - Completes Claims Center daily tasks including charge review and claims inspector; creates and maintains custom claim edits
 - Reviews RCM weekly and monthly reports and takes action steps as necessary
 - Provide productivity and financial reports as directed
- Follows HIPAA guidelines when accessing and sharing patient information
- Maintains patient and business confidentiality
- Supports additional coding, billing, and practice management projects as needed
- All other duties as assigned

The demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential job functions.