

DERMATOLOGY ASSOCIATES OF XYZ COMPANY

MEDICAL BILLING DEPARTMENT COORDINATOR

Job Description

SUMMARY

The Medical Billing Department Coordinator is responsible for the overall billing and collection of office visits, procedures including cosmetic, nurse procedures, and all other billing events as a result of practice activities. Additional responsibilities include developing financial monthly reports and keeping up to date with coding and billing regulations. The Medical Billing Department Coordinator reports to the Office Manager and is supported by the Business Manager.

DUTIES

GENERAL

1. Develops and implements, with the Practice Administrator, procedures for all aspects of the billing process including: charge entry, day end balancing, claims submission and edit, insurance follow up, patient balance follow up, denials, transfers to patient balance, cash collection, collection accounts, adjustments and write-offs.
2. Audits daily charges and payments for all practice locations and initiates corrective actions where required.
3. Assists with coding and billing error resolution for all practice locations.
4. Monitors patient balances/coordinates practice action with billing staff and front desk personnel.
5. Coordinates collection efforts with outside vendors to optimize collection efficiency.
6. Creates, maintains, and updates fee schedules for all insurers.
7. Facilitates and monitors employee access to third party insurers' internet sites to ensure effective and compliant usage.
8. Maximizes payments in accordance with the policies of the practice.
9. Reviews all patient and third party payer refund requests for accuracy. If appropriate, remits refund payments as applicable.
10. Reviews insurance aging reports.
11. Maintains current knowledge of payer requirements, Medicare regulations, CPT coding and ICD codes and performs regular payment analysis to evaluate charges and coding.
12. Educates front desk personnel regarding insurance and coding questions.
13. In conjunction with the Business Manager, generates reports regarding laser procedures quarterly and system financial summaries monthly.
14. Acts as HIPPA security officer ensuring compliance with all requirements.
15. Continues as Follow-up Biller for Medicare by performing the following:
 16. Posts payments from assigned insurance companies as well as patient payments.
 17. Identifies errors in payments, corrects errors and resubmits for corrected payment.
 18. Researches, corrects and resubmits denials.
 19. Appeals denials when necessary.
 20. Sends information, upon request, to appropriate insurance company.
 21. Produce aging reports and follow-up on anything over 30 days.
 22. Answers phone call from patients with questions regarding their accounts.
 23. Verifies that fee schedules are up to date. Notifies the appropriate party of any errors.
 24. Attends staff meetings.
25. Performs related work as required.

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QUALIFICATIONS

Extensive knowledge of CPT and ICD-9 codes
Good phone presence
4 years of related experience
Strong interpersonal skills
Computer literate

Prepared by:

Name / Title	Signature	Date
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Approved by:

Name / Title	Signature	Date
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