

Job Description For GVHC

It is the policy of this facility to provide equal opportunity to persons regardless of race, religions, age (over 40), gender, disability, veteran, genetic information or any other classifications in accordance with federal, state, and local statues, regulations and ordinances.

Core job information			
Job Title	Health Care Non-certified/Certified Coder/Biller		
Department	Billing	Unit	Finance
Wage-experienced based		Schedule	M-F
Working hours per week	40 / flexible hours available	Current location	GVHC
Reports to (job title)	Billing Manager	Non- Exempt/Exempt	Non- Exempt
Job purpose (<i>Why does the job exist? What is it there to achieve or deliver?</i>)			
Provide technical support to support accurate medical documentation and coding for the purposes of high quality patient care and accurate reimbursement for medical, dental, and behavioral health claims. Works as a team member in the billing department to assist with administrative and technical support duties relating to management of third-party billing activities and related work as required.			

Knowledge, Skills & Experience (<i>work experience, qualifications, specialist training, key skills, disposition</i>)		
	Requirements	Essential/Desirable
Qualifications	High school graduation or equivalent, preferably an Associate's Degree in medical coding.	Essential
	Possesses a certification in Medical Coding from an accredited program.	Desirable
Experience	Minimum 1-3 years' <i>experience in healthcare coding and billing, preferably within an FQHC.</i>	Desirable
Knowledge & skills	Knowledge of coding in an ambulatory setting. Knowledge of Medicaid, Medicare, and third-party payment sources. Knowledge of medical billing systems and electronic health records. Knowledge of medical terminology and anatomy. Knowledge of debt collection practices and insurance guidelines. Knowledge of contemporary computer usage including word processing, spreadsheets and databases. Skill in communication with patients and healthcare organizations. Skill in the use of various office machines with a high level of proficiency.	Essential
Abilities	Ability to communicate effectively the details of medical coding by offering assistance to other billers; informing co-workers of changes within the system. Ability to perform complex clerical work.	Essential

	<p>Ability to effectively deal with administrative detail.</p> <p>Ability to make mathematical computations.</p> <p>Ability to act with initiative and good judgment and to make sound independent fiscal and administrative decisions.</p>	
Special Requirements	Have and maintain a valid Montana's driver license.	Essential
Attitude & disposition	Strong work ethic, positive, caring, knowledge of cultural diversity and social determinants of health, team oriented. May be requested to perform functions relevant to the position but not listed above.	Essential

Main Duties and Responsibilities of the Role: these duties are the essential functions and are not all-inclusive of all duties that the incumbent performs.

Assigns code to diagnoses and procedures using ICD and CPT codes

Ensures codes are accurate and sequenced correctly in accordance with government and insurance regulations.

Reviews and verifies documentation to support diagnosis, procedure, and treatment results.

Follows up with providers on any documentation that is insufficient or unclear.

Provides information for the preparation of documents for legal inquiries and/or litigation.

Works as a team with the other billing staff to complete billing duties.

Identifies and bills secondary or tertiary insurances.

Researches and appeals denied claims.

Enters third party payment into the data system as appropriate.

Determines Medicaid and other insurance eligibility.

May assist patients in understanding billing charges and developments payment plans as necessary.

Maintain knowledge of primary code classifications (CPT, ICD-10) and third party billing requirements and acts as a resource to providers for billing and coding issues.

Performs related work as required.

Takes the initiative to increase knowledge needed to effectively process claims and bills. This may include course-related studies, attending workshops as well as other means of knowledge acquisition.

Ensures the confidentiality of patients' protected health information.

Working Environment (*knowledge of special working practices, breadth of management skill required, customer impact, responsibility, efficiency*)

Work is mainly performed in an office/clinic setting with computer/phone work and moderate noise. Standing, bending, sitting, lifting, required.

Freedom to Act & Decision Making (*depth of control, supervision received, use of judgement & initiative, analytical ability*)

Work independently to complete tasks; use sound judgment but ask questions if needed; show initiative for work/work flow improvements.

Communication & Networking (*liaison with others, type and level of communications*)

Clear and detailed communication with patients, patient family members, co-workers, and providers is required.

Finance/Resource Management *(budgeting, forecasting)*

Use supplies efficiently.

People Management *(supervisory responsibility, human relations skills)*

Non-supervisory position

This job description sets out the duties of the post at the time it was drawn up. Such duties may vary from time to time without changing the general character of the duties or level of responsibility entailed. Such variations are a common occurrence and cannot of themselves justify a reconsideration of the grading of the post.

Confirmation Section

Employee signature

Date:

Print name

Supervisor signature

Date:

Print name

CEO:

Comments: