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| --- | --- | --- | --- |
| **Job title:** | Billing Specialist | **Job category:** | Administration/billing |
|  |  |  |  |
| **Department/group:** | Administrative | **Job code:** |  |
| **Location:** |  | **Travel required:** |  |
| **Level/salary range:** | Entry  Managerial  C-Suite | **Position type:** | FT  PT  PRN |
| **HR contact:** | Practice manager | **Effective date:** |  |
| **Will train applicant(s):** | Yes | **Exempt/not exempt:** | Not exempt |
|  |  |  |  |

Applications accepted by:

E-mail: **[practice general inbox address]**

Subject line: **[Attention: Recruiting - Job Title]**

**Job description**

Under the practice manager’s direct supervision, the billing specialist is responsible for the practice’s billing operations and complex clerical and accounting functions for patient billing, including verifying invoice information, maintaining third-party billing records, and resolving problems. Follows up on submitted claims and patient billing, resubmitting claims, and correcting inaccuracies. May handle cash transactions and accounts receivable posting. Supports and adheres to the organizational code of ethics and business standards.

**ROLE & RESPONSIBILITIES**

**Practice Operations**

* Works with registration staff to ensure proper collection of copay and self-pay fees.
* Handles patient inquiries and answers questions from registration staff and insurance companies.
* Informs patients of medical billing procedures and policies.
* Safeguards patient privacy and confidentiality.

**Billing**

* Conducts billing per the operations of the billing department, encompassing medical coding, charge entry, claims submissions, payment posting, accounts receivable follow-up, and reimbursement management.
* Serves as the practice expert and go-to person for coding and billing processes.
* Analyze billing and claims for accuracy and completeness; submit claims to proper insurance entities and follow up on any issues. Follow up on claims using various systems.
* Maintains contacts with other departments to obtain and analyze additional patient information to document and process billings.
* Prepares and analyzes weekly and monthly financial reports and insurance contracts in concert with the practice leadership. Collect and complies with accurate information.
* Ensures the activities of the billing operations are conducted consistently with overall department protocol and follow federal, state, and payer regulations, guidelines, and requirements.
* Supports the development and implementation of operating policies and procedures.
* Analyzes trends impacting charges, coding, collection, and accounts receivable and takes appropriate action to inform practice leadership.
* Stays up to date with carrier rule changes and informs the billing team as appropriate. Understands and remains updated with current coding and billing regulations and compliance requirements.
* Maintains a working knowledge of all health information management issues, such as HIPAA and all health regulations.
* Maintains a library of information and tools related to documentation guidelines and coding.
* Provides, oversees, and coordinates training for new and existing billing staff on applicable operating policies, protocols, systems and procedures, standards, and techniques.
* Performs other miscellaneous job-related duties as assigned.

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



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**Professional Growth**

* Maintains professional and technical knowledge by attending educational workshops; reviewing publications; establishing personal networks; participating in professional societies.

**General**

* Protects the organization’s value by keeping information confidential.
* Accomplishes the organization’s mission by completing related results as needed.
* Complies with federal, state, and local legal requirements by studying requirements, enforcing adherence to requirements; filing reports; advising management on needed actions.
* Contribute to team effort by accomplishing related results as needed.

**QUALIFICATIONS AND REQUIRED SKILLS**

* Associate or bachelor’s degree in a business, health care administration, accounting, or other relevant field is preferred. Instead of a degree, two to four years of experience in billing operations will be accepted.
* Prior experience in a medical office with medical practice management and billing and coding preferred.
* Proficiency in the following:
  + Basic computer skills include sending emails, typing, and data entry.
  + Spreadsheets and proprietary software
  + MS Office suite and electronic health records
  + Reporting, financial, and analytical capabilities
  + Collaboration
  + Decision-making and problem-solving
  + Organizational, process, and people-management skills
  + Customer service, communication, and negotiation skills
* A high degree of accuracy and attention to detail
* Ability to work independently on assigned tasks and accept directions on given assignments.
* Comfortable dealing with confidential information and issues using discretion and judgment.
* Demonstrated ability to multitask as appropriate.

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