

MEDICAL CODER AND BILLER – TRENTON COMMUNITY CLINIC JOB SUMMARY

Purpose

The Medical Coder and Biller is responsible for assigning industry standard codes to the tests, diagnoses, treatments, and procedures that were recorded in a patient's medical file during a Trenton Community Clinic visit. These codes are then used to apply dollar amounts for billing insurances.

This position assumes responsibilities in providing quality business office services in accordance with current clinical standards, policies and procedures while providing a commitment to quality healthcare and excellent customer service. This position will be full-time, Monday – Friday, 8:00 AM to 4:30 PM.

Responsibilities

- Promotes an organizational culture that embraces the values of respect, caring, support, effective communication, teamwork, collaboration, accountability, and responsibility; and works with all staff to create and maintain a workplace environment reflective of such values
- Maintains knowledge of industry trends and best practices to ensure coding and billing compliance
- Ensure compliance with medical coding guidelines, acting as a liaison between insurers and the medical facility working in partnership with insurance companies and healthcare providers to ensure the accuracy
- Queries physicians whenever there is conflicting, ambiguous, or incomplete information in the medical record regarding any significant reportable condition or procedure
- Properly coding medical services, diagnosis, treatments and procedures
- Invoicing insurance companies for claims or payments; tracking and collecting payments; correcting rejected and denied insurance claims and coding errors and resubmitting for processing
- Make sure all correct CPT and HCPC's codes are assigned and matched to correct ICD-10 codes to be billed to third party resources
- Utilize standard departmental reporting to ensure claims have been submitted to insurance entities
- May assist with patient registration components
- Assist with processing provider credentialing, re-credentialing applications and perform credentialing verifications while compiling and maintaining current and accurate data for all providers
- Attend training sessions that are sponsored by the State, Federal, Local Agencies and other training sites to help keep up with current and any new changes in CPT and ICD-10 codes (to help new ways to receive more reimbursement through coding)
- Practices safe work habits in compliance with safety rules and regulations
- Utilizes clinic resources appropriately and adheres to all guidelines, policies, and procedures
- Adheres too, and upholds HIPAA regulations, requirements, and trainings
- Participates in scheduled department meetings and clinical meetings as required and requested
- Additional responsibilities may be assigned as appropriate, this summary is not considered to encompass all responsibilities

Physical Demands

- Must be able to speak clearly in individual and group settings
- Requires sitting for long periods of time and using fine motor skills, such as finger dexterity for typing and using office related equipment
- This position will be exposed to frequent phone conversation and requires average to above average visual acuity and hearing
- This position will primarily be spent indoors in a climate-controlled environment

Qualifications

- High school diploma and/or GED equivalent
- 1-2 years' experience as a medical coder and biller preferred
- Certified Professional Coder (CPC) certification through American Academy of Professional Coders (AAPC)
- Ability to easily navigate and utilize medical computer software programs to abstract, analyze, and/or evaluate clinical documentation and enter/edit diagnosis, procedure codes and modifiers
- Knowledge of international classification of diseases, clinical modification (ICD-CM); healthcare common procedure coding system (HCPCS); and current procedural terminology (CPT)
- Ability to understand medical terminology, anatomy, physiology, diseases, and diagnosis to translate into the appropriate medical code
- Excellent interpersonal, communication and organizational skills
- Detail oriented
- Ability to use basic office equipment (computer, faxes, printers, scanners, multi-line phone systems, etc.)
- Willingness to attend required trainings
- Ability to successfully pass all pre-employment requirements including a drug/alcohol test and background investigation

Application Details

If you are interested in being considered for employment with the Trenton Indian Service Area, please visit the Trenton Indian Service Area Website. Applications can be printed from the website or picked up from the Trenton Indian Service Area.

Applications can be delivered to the Trenton Indian Service Area Receptionist or emailed to Lacey Hippe, HR Director at lacey.hippe@mytisa.org.