

COST RECOVERY MEDICAL BILLER

DEFINITION

Under general supervision, prepares and submits claims for health services provided to the students of the District for reimbursement.

TYPICAL DUTIES

Maintains and verifies student medical insurance information and eligibility status.
Scans, indexes, and maintains files and records for Medi-Cal, Child Health and Disability Prevention (CHDP) program, mental health, third party payors, medical billing requirements, medical visit Encounter Forms, consents, and other supporting documentation for medical claims.
Verifies and/or updates health service provider licenses and credentials.
Reviews and ensures that reports, forms, documentation, and approvals or certifications are obtained before submitting medical claims.
Ensures accurate data entry of health services.
Reviews, researches, and obtains incomplete or additional information for medical billing requirements.
Performs quality control procedures on medical claims to ensure accurate billing.
Prepares and submits paper or electronic medical claims on a timely basis according to contractual agreements.
Performs medical claim status follow-up procedures in accordance with standard contracted and non-contracted payment timelines.
Posts payments received.
Reviews Explanation of Benefits (EOB) from payors and determines whether payments were made in accordance with contractual agreements and if denials can be re-billed.
Liaises and responds to insurance carriers, District staff, parents, and the public.
Performs related duties as assigned.

DISTINGUISHING CHARACTERISTICS AMONG RELATED CLASSES

A Cost Recovery Medical Biller is responsible for claims processing of health services provided to students of the District.

A Cost Recovery Claims Processing Supervisor supervises the work of staff responsible for the claims processing of health services provided to students of the District.

SUPERVISION

General supervision is received from the Cost Recovery Claims Supervisor. No supervision is exercised. Work direction may be provided to lower level staff.

CLASS QUALIFICATIONS

Knowledge of:

- Microsoft Word and Excel
- Operation of various office machines
- Medical billing and reconciliation practices
- Medical billing software and computer systems
- Processing of Professional Paper Claim Forms (CMS 1500), Universal Billing Claim Forms (UB 04), Confidential Screening/Billing Reports (PM 160) and electronic billing
- Current Procedural Terminology (CPT) and International Classification for Diseases-9th Ed (ICD-9) Coding
- Medical terminology
- Medical insurance verification
- Health Insurance Portability and Accountability Act (HIPAA)

Ability to:

- Determine appropriate medical coding and charges of health services
- Perform accurate data entry of health-related information/services in designated computer systems
- Handle telephone calls courteously and promptly
- Communicate effectively orally and in writing
- Establish and maintain effective working relationships with students, employees and the public
- Perform general clerical duties
- Learn and use medical billing software and designated computer systems
- Maintain confidentiality of records

ENTRANCE QUALIFICATIONS

Education:

Graduation from high school or evidence of equivalent educational proficiency, preferably supplemented by courses in Medical Coding and Billing/Front Office Procedures.

Experience:

Three years of experience in medical billing using Current Procedural Terminology and International Classification for Diseases-9th Ed Coding. Experience using Healthcare Common Procedure Coding System and experience with Medi-Cal, CHDP, Mental Health and managed care billing and reconciliation in a fast paced, high volume organization is highly preferable.

This class description is not a complete statement of essential functions, responsibilities, or requirements. Requirements are representative of the minimum level of knowledge, skill, and/or abilities. Management retains the discretion to add or change typical duties of a position at any time.

Revised
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PJO