



MEDICAL BILLING TECHNICIAN

DEFINITION

Under general supervision, performs paraprofessional, technical, and/or specialized medical billing work requiring advanced knowledge of insurance and program requirements and medical billing codes; audits medical bills and payments; maintains complex and detailed records utilizing an electronic medical records system; and performs related duties as assigned.

SUPERVISION RECEIVED AND EXERCISED

Receives general supervision assigned supervisory or management personnel. Exercises no direct supervision over staff.

CLASS CHARACTERISTICS

This is a fully qualified, journey-level classification. Incumbents independently perform the full scope of routine to specialized medical coding and billing support which requires an advanced level of clerical skill and technical knowledge of medical billing, claim procedures, and various codes including International Classification of Diseases (ICD) 10 and procedure codes. Positions at this level receive only occasional instruction or assistance as new or unusual situations arise and are fully aware of the operating procedures and policies of the work unit.

EXAMPLES OF TYPICAL JOB FUNCTIONS (Illustrative Only)

- Performs routine to specialized medical billing support.
- Provides direction, training, and work review of field personnel documentation for billing purposes.
- Interprets medical billing laws and regulations; advises internal staff.
- Identifies discrepancies and reviews source documents to identify errors or omissions; reviews, corrects and submits, or resubmits claims to insurers.
- Reviews payment information for changes in reimbursement rates; notifies internal staff of rate changes.
- Reviews fee schedules for accuracy and recommends updates.
- Reviews correspondence, notices, policies, and procedures from payors.
- Identifies changes in eligibility requirements, policies, and procedures; notifies internal staff.
- Establishes procedures for billing new services, programs, and/or insurers.
- Processes medical billing claims; codes diagnostic information and services; enters and retrieves billing information in specialized billing and/or medical records systems; reviews input for accuracy and compliance with insurance and program requirements.
- Provides operational assistance of complex and specialized departmental computer applications to users of the medical billing record system; instructs others in use of department-specific software; performs minor troubleshooting of system problems; confers with system vendor to resolve specialized application problems.
- Retrieves data from the medical billing record system and assists department staff in the development of reports.
- Answers inquiries, provides information, and resolves complaints from clients, emergency medical transport providers, insurance companies, base hospitals, government agencies, and others.

- May communicate with collection vendor regarding unpaid billings; provides patients with information regarding the collections process.
- May process subpoenas and other requests for client records.
- Performs related duties as assigned.

QUALIFICATIONS

Knowledge of:

- Medical terminology, ICD-10-Clinical Modification (CM) and Current Procedural Terminology (CPT) diagnostic coding.
- Private insurance, Medi-Cal, Medi-Care, and state reimbursement programs' billing requirements and managed care program arrangements.
- Principles and practices of financial and statistical recordkeeping.
- Applicable federal, state, and local laws, regulatory codes, ordinances, and procedures relevant to the medical insurance industry.
- Principles and practices of business correspondence and formatting.
- Principles and practices of file management and case filing systems.
- Principles and techniques for working with groups and fostering effective team interaction to ensure teamwork is conducted smoothly.
- Techniques for providing a high level of customer service by effectively dealing with the public, vendors, contractors, fire departments, hospitals and other public and private representatives..
- The structure and content of the English language, including the meaning and spelling of words, rules of composition, and grammar.
- Modern equipment and communication tools used for business functions and program, project, and task coordination.
- Computers and software programs (e.g., Microsoft software packages, specialized medical billing systems or medical records systems) to conduct, compile, and/or generate documentation.

Ability to:

- Audit and reconcile remittances and receipts.
- Identify and resolve documentation, medical billing errors, and insurance company errors.
- Perform routine to specialized medical billing and clerical work.
- Compose correspondence, notices, and routine documents from notes, instructions, or files.
- Exercise discretion and judgment in performing duties.
- Establish and maintain medical record filing systems and case files.
- Make accurate arithmetic calculations.
- Understand, interpret, and apply all pertinent laws, codes, regulations, policies and procedures, and standards relevant to work performed.
- Effectively represent the division, department and County in meetings with governmental agencies; community groups; various business, professional, and regulatory organizations; and in meetings with individuals.
- Independently organize work, set priorities, meet critical deadlines, and follow-up on assignments.
- Effectively use computer systems, software applications, and modern business equipment to perform a variety of work tasks.
- Communicate clearly and concisely, both orally and in writing, using appropriate English grammar and syntax.
- Use tact, initiative, prudence, and independent judgment within general policy, procedural, and legal guidelines.
- Establish, maintain, and foster positive and effective working relationships with those contacted in the course of work.

Education and Experience:

Any combination of the required experience, education, and training that would provide the essential knowledge, skills, and abilities is qualifying.

Equivalent to graduation from high school;

AND

Three (3) years of experience processing and interpreting medical billing and coding.

Licenses and Certifications:

- Possession of, or ability to obtain and maintain, a valid California or Nevada Driver's License and a satisfactory driving record.
- Possession of a Certified Coding Specialist certificate issued by the American Health Information Management Association is highly desirable.

PHYSICAL DEMANDS

Must possess mobility to work in a standard office setting and use standard office equipment, including a computer; to operate a motor vehicle and to visit various county and meeting sites; vision to read printed material and a computer screen; and hearing and speech to communicate in person and over the telephone. This is primarily a sedentary office classification although standing and walking between work areas may be required. Finger dexterity is needed to access, enter, and retrieve data using a computer keyboard, typewriter keyboard, or calculator and to operate standard office equipment. Positions in this classification occasionally bend, stoop, kneel, reach, push, and pull drawers open and closed to retrieve and file information. Employees must possess the ability to lift, carry, push, and pull materials and objects up to 25 pounds. Reasonable accommodations will be made for individuals on a case-by-case basis.

ENVIRONMENTAL CONDITIONS

Employees work primarily in an office environment with moderate noise levels and controlled temperature conditions with no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives while interpreting and enforcing laws and regulations pertaining to medical billing, as well as departmental policies and procedures.