

MEDICAL BILLING SPECIALIST

DISTINGUISHING FEATURES OF THE CLASS: The incumbent performs work involved in medical billing, and includes responsibility for performing a variety of medical insurance, coding and related financial record keeping duties. The work requires a thorough understanding of specific laws related to medical insurance billing, office rules, procedures and policies. Employees in this position perform double-entry bookkeeping. Employees generally follow a prescribed routine and, in most cases, receive only infrequent general instructions. A Medical Billing Specialist is distinguished from a Senior Medical Billing Clerk in that the incumbent performs medical coding duties. Work is performed under general supervision. Coordination may be exercised over the work subordinate staff. A Medical Billing Specialist does related work as required.

TYPICAL WORK ACTIVITIES:

- Reviews remittances in order to collect payments;
- Changes format of electronic and paper claims as required by third party insurance payers;
- Receives electronic remittances from all insurance;
- Enters information regarding medical billing in a prescribed manner;
- Prepares reports based upon medical billing activities;
- Coordinates Medicaid, Medicare and private pay billing;
- Maintains financial records related to billing for Medicaid, Medicare, patient billing and third-party insurance including HMO's;
- Assists with all activities related to the review of OASIS documents, insurance authorization, clinical documentation, and coding of patient records;
- Discusses any noted documentation discrepancies with clinical supervisors and clinical staff as appropriate;
- Reviews all new admissions and readmissions, re-certifications and discharges;
- Completes ICD 10 coding based on documented patient assessment and accepted coding guidelines;
- Works in collaboration with the Comprehensive Care Team, administration, fiscal services, therapies, intake and nursing;
- Ensures compliance, accuracy and reliability of medical records;
- Supplies information to and obtains authorization from third parties, such as the Medicare and Medicaid services, private insurance companies and workers compensation;
- Oversees completion of all coding and documentation to ensure maximum reimbursement; timely submission of data and compliance with current regulations;
- Answers provider questions regarding medical billing procedures and/or problems;
- Answers family and/or residents' questions regarding medical billing issues;
- Has direct contact with insurance carriers and employers;
- Electronically submits files to Medicaid, Medicare, and private insurance;
- Manually prepares and send insurance forms to various insurance companies;
- Verifies data entered by comparing with provider billings;
- Prepares county vouchers for payments for services provided;
- Identifying and coding general ledger accounts for bills rendered for services;
- Verifies insurance coverage with insurance company and obtains insurance authorization for services to be rendered;
- May submit voucher as required to receive payment from State aide and grants;
- May supervise the work of lower-level staff members.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Thorough knowledge of the provisions of standard insurance policies and the applications thereof; thorough knowledge of modern methods used in maintaining medical insurance, financial records and reports and medical billing procedures; thorough knowledge of coding procedures; good knowledge of office terminology, procedures and equipment; good knowledge of business arithmetic and English; good knowledge of Medicaid/Medicare; ability to plan; ability to make arithmetic computations rapidly and accurately; ability to write legibly; ability to get along well with others; high degree of accuracy; tact and courtesy.

MINIMUM QUALIFICATIONS: Either:

A) Possession of an associate degree in accounting, business or closely related field and five (5) years of full-time experience in medical billing and/or coding;

OR

B) Completion of a medical billing course or coding certification program and six (6) years' experience in medical billing and/or coding;

OR

C) Seven years of full-time experience in medical billing and/or coding;

OR

D) An equivalent combination of education and experience as defined by the limits of A), B), and C).

NOTE: Your degree must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If your degree was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies who provide this service can be found on the New York State Civil Service website. You must pay the required evaluation fee.

CATTARAUGUS COUNTY CIVIL SERVICE

Adopted: October 6, 2026