

Job Title:

Certified Professional Coder/ Customer Service Representative

Summary:

Responsible for training, investigation and implementation of all coding requirements initiated by CMS, other government organizations, and/or commercial payers. Responding to telephone calls from the offices about appropriate coding or scenarios related to patient care/coding. A primary function of this job will be to conduct ongoing chart audits under our compliance plan and when notified by any payer that there is a billing discrepancy and to assure that NANI billing and collection procedures are being adhered to. Will prepare and present educational documentation to new physicians, corporate staff and office billers on an ongoing basis. As well as entering daily office, hospital and dialysis billing. Must maintain coding credentials and update all departments as necessary to keep co-workers well informed.

Essential Duties and Responsibilities:**Chart Audit Duties:**

- Perform audits of established physician/nurse practitioner records and billing documentation along timelines established by compliance committee.
- Audit new physician/nurse practitioner records and billing documentation along timelines established by compliance committee.
- Maintain records of all changes in documentation, billing or payment requirements.

Educational Duties:

- Answer various questions from outside and corporate office staff daily.
- Coding resource for billing staff and physicians/nurse practitioners.
- Provide training for new physicians/nurse practitioners and new billing staff.
- Maintains records of all changes in documentation, billing or payment requirements and presents them to manager of billing, director of physician services and other members of the management team.

Customer Service Duties:

- Maintain region(s) AR at the designated days outstanding set by the Manager.
- Handle the regional accounts of the office as designated by the Manager.
- Identifies billing errors and directs correction of account or claim and works toward resolution.
- Identifies delinquent accounts by aging periods and determines applicable payment sources.
- Reviews problem accounts using the resources available to the position including: billing systems, Internet, hospital financial departments, office records, reports and any other information source.

- Performs collection actions including; contacting patients and third party reimburses by telephone or mail and resubmit claims with appropriate documentation when necessary.
- Contact patients regarding their outstanding balances, works with the patient, or authorized patient representative, to establish meaningful payment options or manage accounts.
- Review accounts for possible assignment to a collection agency. Works within established department guidelines for physician review and collection proceedings, send delinquent accounts to collection agencies when appropriate.
- Responds to patient inquiries left on voice mail or sent with payments within two (2) business days. If unable to resolve issue works with direct supervisor or other management to resolve issues, maintains records of all attempts to update information and billing/collection history.
- Works “mail” or correspondence from the payors on a daily basis and responds to denial or information requests within two business days.
- Rebill insurance companies or other third parties to secure payment for patients.
- Documents all steps toward resolution clearly in account notes using visit numbers or date of services.
- Uses e-cabinet on a daily basis to retrieve explanation of benefits and work denials, appeals and account review.
- Verifies and enters new/ updated patient information for established records into current billing system a timely manor and notates all changes.

Qualifications:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Educational/Experience:

Must maintain CPC coding credentials and attend necessary continuing education to support credentials. High school diploma or equivalent. Five years of like experience minimum required to successfully perform duties.

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