

**JOB TITLE:** BILLING SPECIALIST

**DEPARTMENT:** PROSTHETICS

**REPORTS TO:** PROSTHETICS MANAGER

**JOB SUMMARY:**

 The Prosthetics Billing Specialist is responsible for the coordination and overall direction of the business office functions to ensure proper activities related to patient accounts and insurance claims processing. The Billing Specialist is responsible for reviewing, correcting, and submitting all patient charges and following up on them to ensure proper billing. The Billing Specialist should be able to troubleshoot any problems that arise while reviewing patient’s accounts or with reimbursement from insurance providers. They should also have the ability to notice any unordinary trends that may occur throughout the claims process.

**POSITION ACCOUNTABILITIES:**

* Commitment to perform all job responsibilities in accordance with the philosophy and mission statement of USA. Honest, ethical, professional behavior is a condition of employment
* Responsible for prior authorization process for DME claims
* Performs all necessary billing tasks related to insurance verification, coding and follow-up on claims
* Responsible for handling/reviewing all phone and mail correspondence related to insurance and patient accounts. Works insurance denials from mail and online websites
* Files both primary and secondary claims; sending operative report if necessary
* Researches any questions from patients, third-party payers, etc. on all USA Prosthetics accounts
* Prepare and discuss summary of accounts receivable with manager on a monthly basis
* Maintains a working knowledge of insurance to achieve objective of furnishing prompt, accurate information to the correct party to expedite payment of maximum allowable benefits
* Maintains knowledge of insurance plans, contractual relationships, and insurance payments and ensures correct payer/plan is attached to the correct patient
* Maintains a positive working relationship with provider representatives to ensure correct and timely payment
* Maintains working knowledge to patients and staff with appointment scheduling and other departmental general office tasks
* Acquires the ability to answer patient and or staff questions regarding the business office functions in regards to the procedures performed in the Prosthetics Department
* Learns and understands the OPIE practice management software in order to ensure appropriate account is selected for patients and use this software to prepare periodic reports as directed
* Performs credentialing of prosthetic providers
* Performs all other duties as assigned

**PHYSICAL REQUIREMENTS:**

The physical requirements listed are representative of those that may be faced by a Prosthetics Billing Specialist throughout their scope of employment. To conduct this position properly, applicants must be able to complete the following list of physical tasks. Reasonable accommodation will be available for those individuals with disabilities, and are not able to complete the following tasks.

* Sitting, standing, walking for brief periods of time
* Manual dexterity
* Light lifting, weights possibly up to 50 pounds
* Bending and reaching
* Specific vision abilities including: close vision, distance vision, and ability to adjust focus

**QUALIFICATIONS:**

* High school diploma or equivalent
* Excellent computer skills
* Excellent written and oral communication skills
* Minimum of 5 years of experience in medical office/billing required
* Training or certification in healthcare coding/billing strongly preferred

**The above duties are intended to describe the general nature and level of work performed. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of an employee so classified.**

**University Surgical Associates is an at will employer. Your employment with University Surgical Associates is for an indefinite period of time and it is subject to termination by you or University Surgical Associates with or without cause, with or without notice, and at any time**

**Employee Signature: Date:**

**Supervisor Signature: Date:**