



TITLE: MEDICAL CODING AND BILLING INSTRUCTOR

SUPERVISOR: DIRECTOR OF EDUCATION

DEPARTMENT: EDUCATION

PRIMARY OBJECTIVE: To train students for employment by developing skills in those areas in which the instructor is qualified to teach. The philosophy of Alaska Career College requires that such training be conducted in a professional manner to meet the needs of the student and the employer.

EDUCATION AND TRAINING: A minimum of 36 months experience as a Medical Coder and Biller. (no exceptions) 5-7 years preferred. Practical experience as an adult instructor/educator/presenter is also desirable. Results driven, tenacious, highly-skilled, talented medical billing and coding specialist with a track record of generating accurate and properly coded medical bills. Proficient in using coded data to submit insurance claims, handling unpaid account collections and answering patient's billing queries effectively. Well-versed in coding clinical diagnosis, preparing and abstracting medical data for insurance claims and handling client queries and complaints regarding the same. Exceptionally skilled in appealing and handling unpaid or denied claims.

PRIMARY TEACHING DUTIES AND RESPONSIBILITIES

- Accurate and timely completion of patient record coding.
- Investigation and resolving coding related issues
- Performs coding activities to assure accurate completion of coding for all patient records; including reviewing for each charge submission for accuracy, adding appropriate modifiers, scrub claims, technology scrub, prepare for insurance, and close the clean batches.
- Analyzes medical records for completeness of documentation with direct communication to providers for clarifications on any incomplete or conflicting documentation.
- Keeps current on all coding related regulations, standards, guidelines, industry trends and Medicare announcements. Serves as a coding expert and resource for all payers.
- Assists in providing coding compliance activities by conducting random audits on medical charts.
- Educates physicians, clinicians, and other healthcare staff on changes to coding standards and regulations and advocates proper documentation practices.
- Interacts and follows up with healthcare providers and staff on all communications related to coding, e.g. changes to policies, changes to codes
- Investigates and problem solves all contractual obligation (CO) denials received from the billing staff on charges they have reviewed and coded. Informs billing staff of the corrective actions needed to reprocess the denied claims. Corrective action will be taken based on documentation.
- Works directly with the physicians to correct documentation deficiencies.
- Investigates all patient requests relating to billing and coding of patient visit and subsequent bill received.
- Works with nursing and laboratory personnel to resolve patient complaints regarding outside lab bills.

Skill, Knowledge, and Experience:

- Proficient in medical terminology
- Certified Professional Coder (CPC) required
- Coding auditing experience helpful but not required
- Involvement in local AAPC ideal, national AAPC required

- Strong computer skills
- Strong interpersonal skills

- Advanced training in Health Information Management requirements and systems and in adult learning principles, Acute care coding environment In the ambulatory coding environment, requires Certified Professional Coder (CPC) certification or Certified Coding Specialist-Physician (CCS-P), with RHIA, RHIT or CCS certification preferred.
- Requires the knowledge typically acquired over three or more years of work experience in healthcare information management. Must be well versed in regulatory requirements for medical record documentation, as well as Medical Staff Rules and Regulations where applicable. Must have demonstrated education and training skills. Medical terminology and an understanding of the laws and regulations associated with medical records functions are required. Must be able to function as part of a team, using effective interpersonal and instructional skills. Must possess excellent written, verbal, and customer service skills, and have the ability to conduct educational needs analysis and to teach effectively to a wide range of comprehension levels.
- Must be proficient in the use of common office and presentation software and have an advanced knowledge and experience with computer healthcare applications and hardware.
- Extensive knowledge of ICD-9 and CPT-4 codes
- Hands-on experience with EMR, EDI and ERA posting
- Familiar with commercial insurances, HMO's, Medicaid and Medicare
- In depth knowledge of medical terminology
- Hands on experience in medical transcription duties
- Functional knowledge of insurance companies and claims information
- Great attention to detail
- Profound ability to manage basic accounting functions
- Excellent negotiation and critical thinking acumen
- Some knowledge of human anatomy
- Computer: Microsoft Office and medical billing software
- Proven ability to maintain patient confidentiality
- Excellent knowledge of legality and ethics of the medical field
- Demonstrated ability to manage time effectively
- Professional phone demeanor