St. Croix Regional
Family Health Center

Coding and Billing Specialist

DEPARTMENT: Billing
Effective Date: 7/9/2025

Reports to: Revenue Cycle Manager
Reviewed:

SUMMARY OF FUNCTIONS:

This role serves as an organizational subject matter expert on medical coding and billing. The incumbent will evaluate medical records and claims to ensure completeness, accuracy, and compliance with ICD-10-CM, CPT, and HCPCS guidelines. They will provide technical guidance and training based on these coding systems, payer policy, and federal and state regulations.

CHARGE REVIEW AND PROVIDER EDUCATION:

- Evaluates medical record documentation and charge ticket coding to optimize reimbursement by ensuring that diagnostic and procedural codes and other documentation accurately reflect and support the outpatient visit, and to ensure that data complies with legal standards and guidelines.
- Interprets medical information such as diseases or symptoms, diagnostic descriptions, and procedures for a given visit to accurately assign and sequence the correct ICD-10, CPT, and HCPCS codes.
- Evaluates records and prepares reports on such topics as the number of denied claims, documentation, or coding issues for review by management.
- Provides technical guidance to physicians and other departmental staff in identifying and resolving issues or errors, such as incomplete or missing records and documentation, nonspecific documentation, or codes that do not conform to approved coding principles or guidelines.
- Educates and advises staff on proper code selection, documentation, procedures, and requirements.
- Identifies training needs, prepares training materials, and conducts training for physicians and support staff to improve skills in collection and coding of quality health data.
- Reviews bulletins, newsletters, and periodicals to stay abreast of current issues, trends, and changes in laws and regulations governing medical record coding and documentation.
- Keep SCRFHC leadership updated on payer, federal, or coding policy by summarizing and presenting upcoming changes from relevant organizations and payers (AMA, AHA, CMS, DHHS, etc.) in order to maintain standards for correct coding, minimize the risk of fraud and abuse, and optimize revenue recovery.

  Interacts harmoniously and effectively with others, focusing upon attainment of organizational goals and objectives through a commitment to teamwork and collaboration.

CLAIMS:

- Prepare, review, and transmit claims from providers using billing software, including electronic and paper claims within 48 hours of being locked.
- Direct data entry of assigned secondary claims and EOB's in the Medicaid Portal, daily.
- Work with the providers and insurance companies to get a claim processed and paid as identified.
- Confirm codes are billable and within SCRFHC Fee Schedule when creating claims.
- Research and appeal denied claims, as identified.
- Identify and bill secondary and tertiary claims, daily.
- Follow up on assigned unpaid claims (Aging) weekly.
- Research denied claims information in the EMR to update claims with accurate insurance information for patients as identified.
- Assure CPT/HCPC codes and modifiers are appropriate to maximize reimbursement.
  Review aging (at a minimum) bi-weekly.

OTHER:

- Communicate with the Revenue Cycle Manager when issues arise with provider credentialing with insurance companies.
- Answer all patient or insurance telephone inquiries pertaining to assigned accounts within 24 hours.
- Knowledge of HIPAA and Privacy Notices.
- Support the PSR team in verifying insurance information for patient visits and assuring entry is accurate.
- Verify eligibility for treatment and procedures on denied claims.
- Assure open communication with other departments.
- Set up patient payment plans and work collections accounts.
- Develops and sustains positive working relationships with SCRFHC team.

EXPERIENCE AND/OR EDUCATIONALREQUIREMENTS:

- Coding certification required (CPC, CCS, or RHIT).
- 2-3 years relevant work experience preferred in a healthcare setting
- Proficient computer skills.
- Experience with claims processing systems preferred.
- Strong verbal and written communication skills, organizational abilities, and detail-oriented.