



Experts in Orthopedic Care

**INSURANCE SPECIALIST
FULL-TIME
REMOTE**

POSITION SUMMARY

Ensures timely collection of insurance claims complex in nature, including claims from workers' compensation, commercial, managed care, federal and state agencies, and other third party payers. Work is conducted remotely, outside of a traditional office environment. Must be able to perform work at a dedicated work space with limited interruption or distraction, and high speed internet capacity with 25 Mbps download speed/10 Mbps upload speed.

ESSENTIAL FUNCTIONS

- Handle confidential patient files and medical records and carry out the necessary and related functions in an extremely professional and discreet fashion.
- Ensure timely filing, follow-up and collection of insurance claims complex in nature, according to established policies and procedures, including claims from workers' compensation, commercial, managed care, federal and state agencies, and other third party payers.
- Review CPT and ICD-10 codes for accuracy using Medicare Guidelines, CCI, AAOS and other medical data/coding computer software, taking into account the different billing rules of medical insurance carriers. Enter conclusions, action taken, conversation detail, patient data, into the practice management system with great efficiency and accuracy.
- Consult with doctors, non-physician practitioners and business office staff to obtain missing or to correct erroneous data.
- Review, research and appeal denials and inadequate payments from third party payers and patients. Apply appropriate discounts, charge adjustments, and write-offs, and release claims as directed by policies and procedures. Understand EOBs, contracts and fee schedules.
- Work claims and reports as assigned in a timely manner.
- Assist other staff members or patients to resolve insurance carrier or agency issues.
- Resolve patient inquiries received in the business office phone queue.
- Review Orthopedic coding newsletters, coding alerts and e-mail notifications daily. Attend various webinars, seminars and coding meetings as required for the position.
- Identify opportunities to reduce denials and enhance revenue.
- Follow all corporate and business office policies and procedures.
- Report to business office supervisor and director in matters of medical billing.
- Report to the office location, as needed.
- Perform any other responsibilities associated with this position as deemed appropriate.

GENERAL COMPETENCIES DESIRED

- Self-motivated, with the ability to work independently, with minimal supervision.
- Knowledge of posting procedures, Medicare billing guidelines, CCI edits, modifiers, reading dictation, CPT and ICD-10
- Familiarity with Medicare, Medicaid, HMO and commercial guidelines
- Knowledge of multiple procedure bundling issues, billing for surgeons, assistant surgeons, and PA/ARNP surgical assist
- Broad knowledge of contracts, contractual issues, multiple surgery discounts, PPO discounts and the ability to know when a payer has not paid a claim properly
- Ability to maintain confidentiality of patient and personnel information
- Detail-oriented paying close attention to accuracy
- Good oral and written communication (documentation) skills, paying attention to grammar and spelling
- Good planning and organizational skills
- Strong interpersonal skills
- Ability to be comfortable in learning and using digital tools.
- Strong PC skills required to include all Microsoft applications, practice management systems and electronic health records
- Ability to multi-task and give attention to detail
- Good problem solving skills required in order to maximize effectiveness and efficiency of job duties.

PHYSICAL DEMANDS

Requires sitting for long periods of time. Requires eye-hand coordination and manual dexterity sufficient to operate a keyboard, photocopier, scanner, telephone, calculator and other office equipment. Requires normal range of hearing and eye sight to record, prepare and communicate appropriate reports. Requires the ability to work under stressful conditions and/or irregular hours to meet deadlines.

CREDENTIALS DESIRED

Must have a high school diploma or equivalent education and at least two years of prior work experience in a medical business office.