



Munster Eye Care Associates, P.C.
Comprehensive Ophthalmology/Optometry and Optical Dispensary
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Positions:

Level 1: Certified Ophthalmic Coding Specialist

Level 2: Senior Certified Ophthalmic Billing Specialist

Department: Patient Accounts

Reports To: Business Office Manager or Patient Accounts Manager

Job Summary:

Level 1: This individual is responsible for checking patients out, scheduling follow-up appointments, updating recalls, real time insurance verification, ensuring that there has been proper coding on all claims prior to billing, preparing all insurance claims, verifying medical necessity has been met for: testing procedures and office/outpatient surgeries; obtaining prior authorizations for surgeries, and collecting/balancing all forms of patient payments.

Level 2: (In addition to level 1 responsibilities) This individual is responsible for filing all insurance claims (paper and electronic claims transmission), reviewing and following-up on all incorrect payment amounts or denials; posting all incoming insurance payments both manual entries and EFT payments, verify insurance has paid correctly according to assigned fee schedule, balancing the business office daily business activities, closing out each day's receipts for the deposit; complete all patient/insurance follow-up and collections on past due accounts; make necessary write-offs and refunds according to the financial policy, and responsible for sending statements and collections.

Education/Experience and Requirements:

- Bachelor's Degree in Health Administration, Health Science, or related field.
- Computer Background with practice management software.
- General knowledge of physician business office procedures.
- General knowledge in the operation of a computer.
- General knowledge of Microsoft Excel, Word, and Outlook.
- Obtain OCS- Ophthalmic Coding Specialist certification within one year of employment.
- Complete monthly compliance training as required by OSHA and HIPAA.

- Take Practice Management classes assigned by supervisor based on job responsibilities.
- Complete CE as required to stay current on changes in the medical industry and for certification.
- Take Corcoran classes assigned by supervisor based on job responsibilities.
- Employee must exhibit understanding and how to apply what was taught to them.

Essential Skills and Abilities



- Ability to exercise a degree of initiative and judgment.
- Ability to establish and maintain effective working relationships with patients, management, medical staff, co-workers, and the public.
- Physical abilities: sit for extended periods of time; push, pull, and reach; occasionally bend, stoop, and stretch.
- Hand eye coordination and manual dexterity needed to operate keyboard, photocopier, telephone, and other office equipment.
- Effective communication with physicians, management, employers, business contacts, and the public through grammar, telephone, and e-mail.
- Must be adaptable to change, highly motivated, and possess a positive attitude.


Personal Skills:


This individual must be a professional, possess a positive attitude, be a team player, highly motivated, adaptable to change, create efficient work patterns through organization, pay special attention to detail, demonstrate strong customer service/ communication skills with patients, doctors, managers and co-workers, computer literate, multi-task oriented and possess values and beliefs that are in accordance with the practice's core values.

Level 1: Responsibilities

Location: Insurance and Charge Entry


- Obtain real time insurance information for deductibles, out of pockets, copayments, and co-insurance for patients.
- Verify collection balance has been paid, or is current if on payment plan.
- Collect copayments, deductibles, previous balances, co-insurance, refraction fees, contact lens fitting fees, glasses, accessories, and contact lens balances according to the financial policy.
- Inform patients of Administrative Fee, if current fees and any additional fees due at time of service are not paid when services are rendered.
- Obtain Prior Authorizations for in-office procedures, outpatient surgeries, allergy testing, and medically necessary contact lens.
- Daily charge entry and claim setup for all examinations, office procedures, surgeries, and miscellaneous appointment types, and submission of paper claims via fax to Social Security Determination according to office protocol.
- Ensure all claims are properly coded and are ready for the claims process.
- Electronic claims transmission for all vision services;
 -  Submit all VSP claims via interface according to protocol.
 -  Submit all EyeMed claims online.
- Reconcile all payments and charges, transact/balance; credit card, check, and cash transactions, and run End of Day Reports according to financial policy.
- Sing twice weekly to Sushi the fish- He prefers Michael Jacksons greatest hits.



-  Pre-appoint patients for follow up appointments, surgeries, annual exams, and office procedures.
- Process Care Credit applications, transactions, and payments.
- Practice Management System-
 - Add new employers, occupations, cities to tables.
 - Table maintenance (If Provider information changes.
 - Obtain NPI information, including direct email for new physician's entries in office database.

-  Overview of the clinic, diagnostic testing, and the optical department to understand the responsibilities of each department and how they contribute to the success of the practice.
- Add/Insert New Insurances to system for electronic or paper billing according to protocol.

Coding / Reimbursement:

- Understand when to bill a New Patient (NP) office exam or Established Patient (EP).
- Understand when to use 92 vs. 99 codes on insurance claims on Medicare, Medicaid, and Commercial Policies (Anthem).

-  Apply modifiers when appropriate.
- Understand insurance payment/coding guidelines.
- Coding and billing of all surgical services.
- Coding and billing of all hospital consultations.
- Coding and billing of all office services such as examinations, procedures, lasers, diagnostic tests, and optical.
- Verify the necessity for pre-certifications for surgeries, office procedures and diagnostic tests.
- Maintain standards for documentation by staff and doctors for insurance carriers.
- Proficiently use CPT, ICD-10, and HCPCS electronic reference books.
- Maintain and proficiently understand the LCDs for the Medicare contractor and other insurance policies.
- Maintain the Medical Coding Manual and CCI edit manual.
- Know how to reference the "How to Manual" in the Patient Accounts Folder.
- Utilize the fee schedules to ensure the correct deductible amount is collected.

-  Understand medical and vision plans in order to maximize reimbursement.
-  Understand when a waiver is needed for insurance benefit limitations (Patient Liability Waiver, Advanced Beneficiary Notice, and Medicaid waiver).
- Understand the key components and payment guidelines of the Medicare/Medicaid and Commercial programs as it relates to Ophthalmology and Optometry in order to maximize reimbursement.

Refund Adjustments:

- Process returns/exchange of merchandise for optical and contact lenses.
- Process all patient refunds.
- Process all insurance refunds.
- Process all replacement refund checks that either the patient or insurance has not processed.
- Follow up on Unclaimed Property/Checks as directed by the Accountant.

Level 2: Responsibilities

Location: Patient Accounts Department

Collections:

- Work small balance write offs at the time insurance payments are posted according to protocol.
- Process NSF checks.
- Review inefficiencies in the office (example: Copays not being collected at time of appointment).
- Run patient statements once a week.
- Work Patient Responsibility Report and segregate based on collection process
 - Statements.
 - Past due statements.
 - Final notice.
 - Threshold Balance and indicate reason for balance.
 - Collections Balance and indicate reason for balance.
 - Responsible for setting up payment plans as outlined in the protocol.
- Run Collections Accounts Report weekly according to protocol.
- Apply collection recovery payments from Komyatte Law office.

Payment Processing/Posting:

- Identify low payer, slow payers, incorrect payers, and delinquent payers to Practice Administrator and Business Office Manager as they occur.
- Utilize the fee schedules to determine the correct payment was made by the insurance.
- Auto post ERAs/EFTs insurance payments.
- Process insurance check payments.
- Apply contractual adjustments as appropriate.
- Transmit insurance claims three times weekly.
- Identify and correct any denied or rejected claims while running claims processing daily.
- Address Business Office Manager with any denied payment disputes.

Insurance/Claim Follow Up:

- Run the Insurance Receivable by Carrier Report to work unpaid claims, check for claims stuck in the system, and claims on hold.
- Utilize and understand the Office Weekly Accounts-Receivable Analysis worksheet.

Miscellaneous Office Operations:

- Inform appropriate person of practice management system errors as they occur.
- Run computer diagnostics in accordance with the practice management system protocol.
- Assist Optical Department Manager with material voids as directed.