

MEDICAL BILLING CLERK

DISTINGUISHING FEATURES OF THE CLASS: This is specialized clerical work in an institution involving billing for Medicare, Medicaid, and/or third-party health insurance carriers. Dependent on staffing and work requirements, incumbents may specialize in billing in one or more areas, such as Medicare or Medicaid. The work is performed under general supervision following a prescribed routine with leeway allowed for independent judgment in carrying out the details of the work. Supervision of others is not a responsibility of this position. Performs routine clerical duties and other related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only) Prepares billing claims ensuring completeness and accuracy; Enters claims into a computer and where possible, submits claims electronically; Reviews claim payments and compares to claims submitted; Follows up on claims that are denied; Notifies clients/patients and/or family members of the client/patient if a particular bill is not covered by Medicare, Medicaid, or health insurance; Answers telephone inquiries regarding Medicare, Medicaid, or health insurance coverage; Prepares a variety of reports and records related to billing activities; Communicates updates, issues, and activities with other personnel, as appropriate; Performs a variety of clerical duties related to maintaining other records, general data entry, filing, etc.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Good knowledge of medical billing requirements and procedures; Good knowledge of office terminology, procedures, and equipment; Working knowledge of Medicare, Medicaid and/or health insurance coverage; Working knowledge of medical terminology; Ability to understand and carry out moderately complex oral and written directions; Ability to deal effectively with the public and personnel; Patience and understanding of the patients and their representatives involved; Awareness of the confidentiality of medical records; Clerical aptitude; Accuracy; Tact and courtesy; Good judgment; Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

- A. Graduation from high school or possession of a New York State equivalency diploma and one year of experience in maintaining financial accounts and records or in processing health insurance claims, billing, or related work; OR
- B. Three years' experience as described above.

NOTE: Post high school educational training in a college, university, or business school in business or office technology, medical billing, or related field may be substituted for experience on a year for year basis.

NOTE: Your degree must have been awarded by a college or university accredited by a regional, national, or specialized agency recognized as an accrediting agency by the U.S. Department of Education/U.S. Secretary of Education. If your degree was awarded by an educational institution outside the United States and its territories, you must provide independent verification of equivalency. A list of acceptable companies who provide this service can be found on the Internet at <http://www.cs.ny.gov/jobseeker/degrees.cfm>. You must pay the required evaluation fee.

Adopted 4/7/97

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