



JOB DESCRIPTION

JOB TITLE: LABORATORY DENIAL CODING SPECIALIST
EXEMPTION STATUS: Exempt X Non-Exempt
REVISED DATE: October 2023

SUMMARY: Under supervision of the Laboratory Director, the Denial Coding Specialist is responsible for researching and rebilling patient accounts whose lab charges have been denied by their insurance carriers.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Review insurance denials to insure accuracy of information and appropriate attachments.
- Communicates with insurance company, either verbal or written, concerning patient's account.
- Review Explanation of Benefits (EOBs) to ensure appropriate reimbursement.
- Reconcile disputed and delinquent accounts and make necessary corrections and adjustments.
- Research patient accounts to determine that claims have been paid or denied appropriately before forwarding to collector if appropriate.
- Review ICD-10 coding to determine medical necessity.
- Research procedure/operative notes to determine if coding is appropriate.
- Review Provider documentation to determine appropriate level and type of service (i.e. new patient, established patient, consult, etc.)

QUALIFICATION REQUIREMENTS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions of this job.

EDUCATION AND/OR EXPERIENCE: High school diploma or general education degree (GED) required. CPC or CCS required and a minimum of two years' experience working insurance claim denials.

LANGUAGE SKILLS: Ability to read, analyze, interpret, and comprehend instructions, (whether written or verbal), correspondence, documentation, professional journals, technical procedures, and government regulations. Ability to compose correspondence,

documentation, reports and procedures. Ability to effectively present information and respond to questions in one-on-one and small group situations to patients, third parties, physicians, and other employees of the organization; whether in person or on the telephone. Ability to respond effectively to inquiries, complaints, and situations. Ability to appeal insurance denials by reviewing documentation and composing letters to justify billing.

MATHEMATICAL SKILLS: Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.

REASONING ABILITY: Ability to understand and carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations. Ability to apply common sense, good judgment, and problem-solving skills in difficult situations.

OTHER SKILLS AND ABILITIES: Knowledge of ICD-10 and CPT coding. Ability to establish and maintain an effective working relationship with staff, patients, and other third parties. Ability to operate computers, keyboards, and printers. Ability to concentrate on the situation at hand and listen effectively. Ability to organize tasks; work as a team member and/or independently. Convey a professional and positive image and attitude.

WORK ENVIRONMENT: The work environment characteristics are representative of those an employee encounters while performing the essential functions of this job within a medical office setting. The noise level in the work environment is usually moderate.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, walk, sit; use hands and fingers to handle or feel objects; reach with hands and arms; and talk or hear at normal ranges within the setting. The employee occasionally is required to bend, stoop, kneel, crouch and/or crawl. The employee is occasionally required to climb or balance. The employee must occasionally lift, carry, and/or move more than 25 pounds. Rapid mobility may also be required on occasions.

Stress levels may be high due to frequently dealing with numerous patients, physicians, and other healthcare providers. Demands concentration to work out details relating to credits and/or debits of patient's accounts.

DISCLAIMER: The above statements and performance expectations are intended to describe the general nature and level of work by individuals assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties, skills, and abilities required by personnel so classified.

I have received information regarding ETSU Health Policies and Procedures and understand how to access them on-line.

I understand and agree that in the performance of my duties as an employee of ETSU Health, I must hold information of a confidential nature in the strictest of confidence. I must not use or disclose any Protected Health Information other than as permitted by HIPAA requirements. I understand that any violation of the HIPAA policies may result in disciplinary action, which may include termination.

Management has the right to revise this job description at any time. The job description is not a contract for employment, and either you or ETSU Health may terminate employment at any time, for any reason.

By signing below, I acknowledge that I have reviewed this job description and will comply to the best of my ability.

Employee Signature

Date

Supervisor's Signature

Date

Human Resources Director

Date