

03/17

**North Texas Rehabilitation Center, Inc.**

**Position:** Insurance Authorization Specialist -Hourly

**Classification:** Business Office

**Job Accountability Statement:** The Insurance Authorization Specialist performs duties related to insurance verification, authorization of services, and coding. He/She reports to the Director of Records & Reimbursement.

**Qualifications:**

Education and / or Experience Required at Entry:

1. Previous experience in customer service.
2. High School Education.
3. Knowledge of medical services and coding.
4. Familiarity with medical terminology.

**Essential Functions:** The Insurance Authorization Clerk must have strong communication skills (talking, listening, exchange of ideas, etc.) to understand and be understood in order to perform the following duties with favorable effect on staff, clients, board and community. The Insurance Specialist/Medical Coder will spend approximately 34-66% of the work time standing, walking and sitting. The Insurance Verification Specialist must have strong fine motor skills. He/She may be required to lift 2-10 pounds (34-66%) of work time. The major visual functions of the job are:

- Acuity far – clarity of vision at 20 feet or more (1-33%)
- Field of Vision – the area that can be seen up and down or the right or the left while the eyes are fixed on a given point (1-33%)
- Accommodation – Adjustment of the lens of the eye to bring an object into focus. This item is especially important when doing near point work at varying distances from the eye.
- Color Vision – the ability to identify and distinguish colors (1-33%)
- Acuity, near – clarity of vision at 20 inches or less (67-100%)
- Depth perception – three-dimensional vision. The ability to judge distance and space relationships so as to see objects where and as they actually are (67-100%)

Regular attendance and punctuality are necessities of this position. The Insurance Authorization Specialist – Medical Coder must have the ability to provide accurate and complete data input for authorizations, assign and input the correct diagnostic code.

## **Job Duties:**

### **A. Benefit Verification**

1. Verify benefits by calling insurance companies and contacting the client if necessary as needed as backup.
2. Enter benefit information for primary, secondary, &/or tertiary insurances into the Raintree program.
3. When obtaining benefits, inform client that they will need to complete a promissory agreement with the Admission dept. during initial intake if needed.
4. Assist in financial orientations for all clients, as needed, to include discussion of non-covered services waivers or ABN's.
5. Be knowledgeable in using the computer system & other resources to calculate costs, visits, dollars used, etc. for therapy services.
  - a. To have the ability to calculate the dollars used &/or the number of visits used in accordance to the insurance restrictions as necessary for the therapists.
  - b. To have the ability to assist & explain to the client the estimated cost of therapy when requested by the client.

### **B. Authorizations**

1. Obtain initial authorization on all new clients if required.
2. Obtain authorization on all established clients when re-certification is required.
3. Responsible for getting all signed reports to referring Dr. in order to get authorizations.
4. Maintain a system for accurate follow-up on all authorizations and re-certifications to include but not limited to:
  - a. Maintain manual worksheets for keeping track of Tricare, Medicaid, & Superior authorizations and etc.
5. Communicate & work cooperatively with the Business Office & Admissions staff and therapist regarding authorizations and re-certifications of client services to ensure all services are payable if authorization is required.
6. Utilize all insurance carrier's websites for updates.

### **C. Other/Miscellaneous duties:**

1. Keep appropriate records
2. Communicate with therapists regarding insurance restrictions on the clients policy.
3. Manual report tracking of the Medicare dollars to include but not limited to: Updating the manual worksheet for Thursday morning CIC meetings; & revising the worksheet with CIC decisions from the meeting for staff.
4. Manual tracking of the Sponsored dollars to include but not limited to: updating the manual worksheet for Thursday morning CIC meetings & revising the worksheet with CIC decisions from the meeting for the staff.
5. Completes coding of claims as needed as backup.

6. Required to participate for a minimum of 2 hours per fiscal year in a fundraising, marketing, or community events that benefit the Center.
7. Abide by all policies and procedures set forth in the Center's Compliance Plan
8. Displays understanding of billing practices that are accurate and effective, to ensure compliance on regulatory issues.
9. Perform other duties as requested by the Director of Records & Reimbursement and the Billing & Collections Coordinator or as deemed appropriate.

**Subject to change as needed**

**Category of Risk to Exposure to Blood & Fluid:**            **x**  
    Minimal   Moderate   Maximum

**Disclaimer Statement:** The above statements are intended to describe the general nature and level of work being performed by people assigned to this work. This is not an exhaustive list of all duties and responsibilities associated with it. NTRC reserves the right to amend and change responsibilities to meet business and organizational needs.

\_\_\_\_\_  
 Insurance Authorization Clerk

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director of Records & Reimbursements

\_\_\_\_\_  
 Date

**To apply for this position, please contact Rosey Moser in Human Resources.**

**940-322-0771 or [rmoser@ntrehab.org](mailto:rmoser@ntrehab.org)**