MEDICAL BILLER
SKILLS CHECKLIST

Name:_____ Date:_____

Member of the American Association of Medical Billers ___Yes ___ No

Certified Medical Claims Professional _____ Yes _____ No

Please indicate your level of experience by checking the appropriate box by each category. Please rate your level of proficiency of each of the following skills on a scale of 0 to 4:

0 - Unfamiliar with
1 - Theory – not practiced
2 - Familiar with – need review
3 - Some experience
4 - Frequent experience

GENERAL INFORMATION	PROFICIENCY LEVEL
Daily review of audit checklists	
Electronic Bill Processing	
Birthday Rule	
Co-payments	
Deductibles	
Medical Terminology	
HIPPA	
ERISA	
Correct Coding Initiative	
Overpayments Liability	
Accounting	
Accounts Receivable	
Claims Analysis	
Claims Reporting	
Payment Posting	
INSURANCE OPERATIONS	
Verifying Insurance Benefits	
Obtaining Prior Authorization Approval	
Consent Forms	
Issue Resolution	
PC Skills	
Workmen's Compensation Claims	
Disability	
Medicare Claims	

CMS and HMOs	
Electronic Claims, EOB	
Collections	
Superbill	
Claims Repricing	
POS Billing	
Third Party Billing	
State Children's Health Insurance Program	
Tricare	
PAYOR PROCESSING	
CPT Codes	
Coding Guidelines	
Modifers	
Evaluation and Management Codes	
Procedure Codes	
ICD-9-CM	
ICD-10-CM	
SOAP Codes	
Classification of Diseases	
HCPCS – Coding System Levels	
DRG Codes	
UB92 Codes	
TYPES OF BILLING	
Hospital Billing	
Outpatient Services	
Impatient Services	
Combinations	
Subsequent Hospital Care	
Hospital Discharge Services Consultations	
Physician Practice Billing	
Skilled Nursing Facility	
Hospice Care Billing	
DME Billing	
PERSONAL COMPUTING SKILLS	
Email/Internet	
Microsoft Excel	
Microsoft Powerpoint	
Microsoft Word	
Word Perfect	
PATIENT SERVICES	
Admitting/Patient Registration	
Answering Phones	
Appointment Scheduling	

Call In Prescription Refills Chart Preparation	
Chart Review	
Check in Patients	
Customer Service	
Data Entry	
Filing/Pulling Medical Files	
Insurance Verification	
Patient Triage	
Pre-Certification	
Quality Assurance	
Referrals	
Accepting Co-pays	
Transcription	

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Signature