

Job Title: Ambulance Denial Specialist (Entry Level)

Job Summary

The Ambulance Denial Specialist is responsible for analyzing, researching, and resolving denied ambulance claims to secure appropriate reimbursement. This role focuses on identifying denial root causes, correcting coding or documentation issues, preparing appeals, and ensuring compliance with Medicare, Medicaid, and Commercial payer guidelines. The specialist works closely with coding, billing, compliance, and EMS operations to reduce denial rates and improve revenue cycle performance. Full time position at our Cabot location.

Key Responsibilities

- Review and analyze denied ambulance and EMS claims to determine denial reasons
 - Research payer policies, Medicare Local Coverage Determinations (LCDs), and contract requirements
 - Prepare, submit, and track appeals, reconsiderations, and redeterminations
 - Draft detailed appeal letters with supporting clinical documentation, medical necessity rationale.
 - Identify trends and systemic issues contributing to claim denials
 - Collaborate with ambulance coders, billers, compliance teams, and EMS personnel to resolve documentation deficiencies
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Required Qualifications

- High school diploma or equivalent
 - Prior insurance billing experience is not required
 - Strong work ethic and professionalism
 - Excellent attention to detail and organizational skills
 - Ability to learn new systems and procedures
 - Strong communication and problem-solving abilities
 - Willingness to learn
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Key Skills

- Time management and organization
 - Competent in Microsoft Office applications, including Word, Excel, Outlook, and related web-based tools
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Work Environment

- Office-based
 - Requires prolonged computer use
 - Fast-paced revenue cycle environment with deadline-driven workflows
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Training & Development

- We offer comprehensive training in insurance billing procedures and systems to support your success in this role. Ongoing guidance and resources are provided to promote continuous learning and growth.