Billing Staff Training Outline

A Step-by-Step Guide for New and Existing Billing Team Members

Purpose of This Document: This training outline helps every billing staff member understand their job from day one. It covers what to learn, when to learn it, and how to know you have learned it well. Follow this guide in order and you will be fully ready to handle medical billing with confidence.

Phase 1 — Getting Started (Week 1)

What You Will Learn

In your first week you will get to know the basics. You will learn how medical billing works, what tools you will use every day, and the rules you must always follow.

Topic	What It Means	Time Needed
What is Medical Billing?	Medical billing is the process of sending bills to insurance companies and patients so the clinic or hosp	Half day
Key Terms to Know	Words like CPT code, ICD-10 code, EOB (Explanation of Benefits), deductible, copay, and prior author	Half day
Software & Tools	How to log in, navigate, and use the billing software. How to look up patient accounts, enter charges, a	1 full day
HIPAA & Privacy Rules	You must keep all patient information private. HIPAA is the law that says patient data cannot be shared	Half day
Office Policies	Your workplace rules: how to handle calls, emails, deadlines, and who to ask when you are not sure ab	2 hours

End of Week 1 Goal: You should be able to log into the billing system, explain what medical billing is in simple words, and name at least 10 key billing terms correctly.

Phase 2 — Learning the Core Job (Weeks 2–3)

Patient Registration & Insurance Verification

Before any bill is sent, you need to make sure the patient's information is correct and their insurance is active. Mistakes here cause claims to be rejected later.

- Check that the patient's name, date of birth, and address match their insurance card exactly.
- Call or use the online portal to verify the patient's insurance is active on the date of service.

- Find out what the patient owes out of pocket (copay, deductible, coinsurance).
- Record everything you check — if you did not write it down, it did not happen.

Entering Charges Correctly

After a patient visit, the doctor or coder will give you a list of services and codes. Your job is to enter these into the billing system correctly so the claim is right.

Step	Action	Why It Matters
1	Receive the superbill or charge sheet from the provider	This is the source of truth for what services were given
2	Match each service to the correct CPT code	Wrong CPT codes get claims denied or paid at wrong amounts
3	Match each diagnosis to the correct ICD-10 code	Insurance needs a medical reason for every service
4	Enter the date of service, provider name, and place of service	All three must be correct for the claim to be accepted
5	Double-check everything before submitting	Fixing a mistake before submission saves days of delay

Submitting Claims

A claim is the official request you send to the insurance company asking them to pay. Most claims are sent electronically. Here is what you need to know:

- Claims must be submitted within the time limit set by each insurance company — missing the deadline means no payment.
- Always check that the claim form (usually a CMS-1500 or UB-04) is filled out completely.
- After submitting, note the claim number and the date you sent it.
- Check the claim status within 7 days to make sure it was received.

End of Phase 2 Goal: You should be able to register a patient, verify their insurance, enter charges, and submit a clean claim without help from a supervisor.

Phase 3 — Handling Problems (Week 4)

What Is a Denial and Why Does It Happen?

A denial means the insurance company said they will not pay the claim — at least not yet. Most denials can be fixed and resubmitted. The key is to act fast.

Denial Reason	What It Means	How to Fix It
Wrong patient information	Name, DOB, or member ID does not match what insurance has on file	Correct the information and resubmit the claim
Service not covered	The patient's plan does not cover that type of service	Check the plan details and notify the patient if they owe

Missing prior authorization	Insurance required approval before the service, but none was obtained	Work with the provider to get retroactive authorization if
Duplicate claim	The same claim was already submitted	Check your records and do not resubmit — contact insu
Timely filing exceeded	The claim was sent too late	Submit proof of timely filing (e.g., original submission co

Posting Payments

When insurance sends a payment, you must post it correctly in the system. This keeps patient accounts accurate and helps you see if anything was underpaid.

- Read the Explanation of Benefits (EOB) — it tells you what was paid, what was adjusted, and what the patient owes.
- Post the payment to the correct patient account and the correct date of service.
- If the payment is less than expected, find out why before accepting it.
- Send a patient statement for any remaining balance the patient owes.

Phase 4 — Advanced Skills & Ongoing Learning (Month 2+)

Once you are comfortable with the basics, you will move into more advanced work. This includes appeals, payer contracts, productivity tracking, and compliance.

Skill Area	Description	Resource
Writing Appeals	When a denial is wrong, you write a formal letter asking insurance to reconsider. Include medical records and a	Appeal Letter Templates Folder
Understanding Contracts	Each insurance company has a contract with your practice that sets the allowed amounts they will pay for each	Payer Contract Binder
Productivity Standards	You are expected to process a set number of claims and payments each day. Learn your daily targets and trac	Manager / Billing Lead
Compliance & Audits	Billing must follow government rules (Medicare, Medicaid). Regular audits check that claims are accurate and	Compliance Policy Manual

Remember: Medical billing changes often. Insurance rules update, coding guidelines change every year, and new laws affect how billing works. Make a habit of reading updates from your supervisor and from organizations like AAPC and AHIMA.

Training Completion Checklist

Use this checklist to confirm you have completed every part of your training. Your supervisor must sign off before you work independently.

- ■ Completed all Phase 1 topics and can explain medical billing basics
- ■ Knows and can use at least 20 key billing terms correctly
- ■ Can log into billing software and navigate without help
- ■ Passed the HIPAA quiz with a score of 90% or higher
- ■ Verified insurance for at least 5 test patients with no errors
- ■ Entered and submitted at least 10 practice claims correctly
- ■ Correctly identified and described 5 common denial reasons
- ■ Posted at least 3 practice EOBs without errors
- ■ Read and signed the office billing policies document
- ■ Met with supervisor for end-of-training review

Staff Member Name: _____ Date: _____

Supervisor Name: _____ Signature: _____