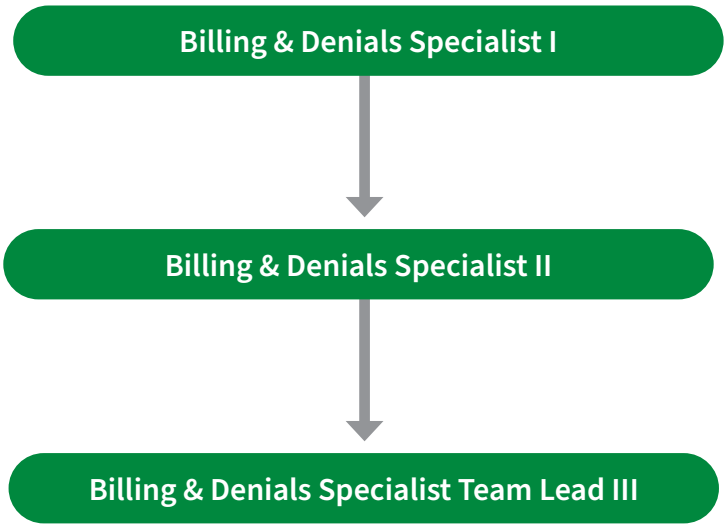
REVENUE CYCLE CAREER PIPELINE

The healthcare revenue cycle career pipeline provides specialized pathways in **Patient Service Center, Financial Clearance, Coding, and Billing,** enabling professionals to advance patient experience through expertise and technology. Aspirus fosters career growth by offering opportunities for personal development, advanced certifications, and specialized roles.

Patient Service Center | Financial Clearance | Coding | **Billing**

Billing Pathway



Leadership and Operations

Revenue Cycle professionals can advance into leadership and administrative roles, progressing through supervisory, managerial, director, and executive positions while expanding their expertise and influence.

Billing & Denials Specialist I

The Billing & Denials Specialist I follow up with claims that have no response from payers, working and managing insurance denials, managing, writing, and carrying out the appeal process for all payers while also submitting clean claims to all third-party payers.

Education/Training: High school diploma or equivalent experience.

Requirements/Experience: 2-3 years of related experience in healthcare billing department preferred. 2-3 years of related experience in electronic health records (Epic) preferred. Basic knowledge of ICD-10 and CPT coding preferred. Understands insurance billing, governmental regulations, and managed care requirements. Understands state and federal mandated coverage, health, auto and liability insurance terms, definitions, and concepts.

Billing & Denials Specialist II

The Billing & Denials Specialist II follow up with claims that have no response from payers, working and managing insurance denials, managing, writing, and carrying out the appeal process for all payers while also submitting clean claims to all third-party payers. They also are the subject matter experts in specialty billing such as Veterans Administration, Workers Compensation, Skilled Nursing, etc.

Education/Training: High school diploma or equivalent experience. Associate degree in business, accounting, healthcare or related field preferred.

Requirements/Experience: 5-7 years of experience in a healthcare billing department required. 2-3 years of related experience in electronic health records (Epic) preferred. Basic knowledge of ICD-10 and CPT coding preferred. Understands insurance billing, governmental regulations, and managed care requirements. Understands state and federal mandated coverage, health, auto and liability insurance terms, definitions, and concepts.

Billing & Denials Specialist – Team Lead

The Billing & Denials Specialist Team Lead monitors the day-to-day activities of the team in the Central Billing Office and is considered the subject matter expert for all areas of claim submission, payer rejections, and all aspects of revenue cycle. They will also work with Epic system reports to maintain current accounts receivable.

Education/Training: High school diploma or equivalent experience. Associate degree in business, accounting, healthcare or related field preferred.

Requirements/Experience: 5-7 years of experience in a healthcare billing department required. 2-3 years of related experience in electronic health records (Epic) preferred. Basic knowledge of ICD-10 and CPT coding preferred. Understands insurance billing, governmental regulations, and managed care requirements. Understands state and federal mandated coverage, health, auto and liability insurance terms, definitions, and concepts.