

Medical Billing Interview Questions

1. In what medical billing specialties are you experienced?

This helps determine if the candidate's background aligns with your practice's specialty and billing complexity.

Ideal answers may contain:

- ☐ Specific specialties they've worked with (e.g., cardiology, dermatology, orthopedics, mental health)
- ☐ Understanding of specialty-specific coding and payer nuances
- ☐ Willingness to learn new specialties if needed

Notes: _____

2. Why do you enjoy working in medical billing?

This helps assess long-term fit and whether they have a genuine interest in the field.

Ideal answers may contain:

- ☐ Passion for organization, problem-solving, and healthcare support
- ☐ Satisfaction in contributing to the financial health of a practice
- ☐ Desire for ongoing learning in a changing industry

Notes: _____

3. How do you handle situations where patients dispute their bills?

You want to see if candidates can maintain professionalism and protect the practice's reputation while resolving payment issues.

Ideal answers may contain:

- ☐ Clear explanation of billing charges to the patient
- ☐ Willingness to escalate to management if necessary

- ☐ Maintaining patient trust and satisfaction during the process

Notes: _____

4. What reports do you regularly generate for management?

Billing data drives practice decisions — good billers know which reports matter most.

Ideal answers may contain:

- ☐ Mention of aging reports, denial summaries, collection rates
- ☐ Ability to explain trends and cash flow issues clearly
- ☐ Focus on using reports for improving billing performance

Notes: _____

5. How do you prevent coding and billing errors before claim submission?

Prevention saves more time and money than fixing medical coding errors after the fact.

Ideal answers may contain:

- ☐ Double-checking codes against documentation
- ☐ Using billing software features like claim scrubbing
- ☐ Following internal review or audit processes

Notes: _____

6. How do you manage working with multiple providers and specialties?

Practices with multiple doctors need billers who can juggle different rules and preferences.

Ideal answers may contain:

- ☐ Organizational methods for tracking provider-specific guidelines
- ☐ Communication strategies for clarifying provider documentation
- ☐ Examples of successfully managing high volumes across specialties

Notes: _____

7. What do you do if you suspect a claim could be considered fraudulent?

Trust and compliance are non-negotiable in a billing role.

Ideal answers may contain:

- ☐ Immediate reporting to compliance officer or management
- ☐ Understanding of fraud, waste, and abuse regulations
- ☐ Protecting the integrity of the billing process

Notes: _____

8. How do you deal with high volumes of unpaid accounts?

Effective billers need a solid collections strategy without alienating patients.

Ideal answers may contain:

- ☐ Structured follow-up processes (calls, letters, collection agencies)
- ☐ Sensitivity to patient situations (e.g., offering payment plans)
- ☐ Clear documentation of collection efforts

Notes: _____

9. How do you stay updated on changes in medical billing codes and regulations?

It's important to make sure candidates are committed to keeping their knowledge current when billing regulations change so frequently.

Ideal answers may contain:

- ☐ Mentions of subscribing to industry newsletters (e.g., AAPC, CMS updates)
- ☐ Regular attendance at seminars, webinars, or certification courses
- ☐ Examples of recent changes they've adapted to

Notes: _____

10. Can you explain the difference between ICD-10, CPT, and HCPCS codes?

This question helps test a candidate's foundational technical knowledge and their ability to work accurately with different code sets.

Ideal answers may contain:

- ☐ Correct definitions for each code type (diagnosis vs. procedures vs. supplies/services)
- ☐ Understanding of how each set is applied in billing
- ☐ Examples of how they use each in daily work

Notes: _____

11. How do you handle denied or rejected insurance claims?

You want to assess their problem-solving skills and persistence with claim denials, both critical for minimizing lost revenue.

Ideal answers may contain:

- ☐ Clear steps for reviewing, correcting, and resubmitting claims
- ☐ Experience communicating with insurance companies and patients
- ☐ Emphasis on minimizing denials through proactive quality checks

Notes: _____

12. Describe your experience with medical billing software. Which systems have you used?

Knowing what systems they've handled will show if they'll have a smooth transition or need additional training.

Ideal answers may contain:

- ☐ Familiarity with major platforms (e.g., Kareo, AdvancedMD, Athenahealth)
- ☐ Willingness and ability to learn new software quickly
- ☐ Examples of efficiencies they've created using billing tools

Notes: _____

13. How do you ensure patient confidentiality and HIPAA compliance when billing?

Billing involves handling sensitive information, so it's vital that candidates understand how to protect medical records and patient information sufficiently.

Ideal answers contain:

- ☐ Awareness of HIPAA requirements specific to billing
- ☐ Processes for securing electronic and paper records
- ☐ Situational examples where they maintained confidentiality

Notes: _____

14. Tell me about a time you had a billing error. How did you handle it?

This question shows how honest and detail-oriented a candidate is when mistakes or discrepancies happen.

Ideal answers may contain:

- Willingness to admit and own up to mistakes
- Steps taken to correct the error swiftly
- Focus on process improvements to prevent future mistakes

Notes: _____

15. How do you prioritize tasks when handling multiple billing responsibilities?

Medical billing can be chaotic, and good time management keeps cash flow steady.

Ideal answers may contain:

- ☐ Use of task lists, billing cycles, or priority systems
- ☐ Examples of successfully managing deadlines
- ☐ Ability to stay organized under pressure

Notes: _____

16. What steps do you take to verify insurance coverage and eligibility before billing?

Upfront verification reduces denials and surprises for patients and the practice.

Ideal answers may contain:

- ☐ Checking eligibility through portals or direct insurance contact
- ☐ Clear documentation of benefits and coverage limits
- ☐ Communication with patients about their responsibilities before treatment

17. How do you work with the coding team to ensure accurate billing?

Strong communication between billing and coding systems prevents costly errors.

Ideal answers may contain:

- ☐ Routine cross-checks between codes and documentation
- ☐ Comfortable asking clarifying questions to coders

- ☐ Shared goal of accuracy and compliance

Notes: _____

18. What would you do if you noticed a pattern of underpayments from an insurance payer?

Persistence and analytical skills are key to recovering missing revenue.

Ideal answers may contain:

- Running reports and identifying underpayment trends
- Initiating appeals or contacting payers for resolution
- Keeping leadership informed about ongoing billing issues

Notes: _____

19. Can you describe your experience with Medicaid and Medicare billing requirements?

Handling medical claims for Medicaid and Medicare patients requires strong regulatory knowledge to avoid denials and ensure proper reimbursement.

Ideal answers may contain:

- Specific examples of billing Medicaid and Medicare claims
- Understanding of payer-specific nuances and documentation needs
- Staying updated on changing regulatory policies

Notes: _____

20. How do you communicate billing issues to healthcare providers effectively?

Clear communication skills are crucial when discussing billing discrepancies or clarifying medical terminology with busy healthcare providers.

Ideal answers may contain:

- ☐ Examples of tactfully raising billing concerns
- ☐ Strategies for aligning with provider documentation
- ☐ Focus on collaborative problem-solving and other important soft skills

Notes: _____

21. What steps do you take to reduce rejections and denied claims?

Reducing rejections and denied claims improves revenue cycle performance and ensures the financial health of the healthcare practice.

Ideal answers may contain:

- ☐ Pre-bill quality checks and eligibility verification
- ☐ Frequent reviews of denial patterns and appeals processes
- ☐ Suggestions for optimizing and streamlining the medical billing process

Notes: _____
