



MEDICAL BILL REVIEWER
GRADE G

SCOPE OF WORK:

Work involves reviewing, processing, and auditing submitted medical billings to ensure appropriate reimbursement for Workforce Safety & Insurance.

DUTIES PERFORMED:

- Review and process medical billings according to national coding guidelines and established policies and procedures.
- Conduct research on diagnosed medical condition and interpret medical notes to determine compensability and liability.
- Verify payments are made in a timely manner and payment amounts are correct.
- Confirm prior authorizations are received and/or approved as appropriate.
- Maintain medical bill review manuals, policies, and procedures to ensure they reflect current laws and regulations.
- Report suspected fraud and abuse.
- Review all critical care bills and provide final payment approval.
- Confirm correct medical codes are provided on submitted bills; ensure the WSI fee schedule or contracted agreement is applied correctly.
- Process approved adjustments and reconsideration requests; initiate adjustments when audit findings merit such action.
- Review new medical procedures, technology, equipment, and medical codes and incorporate into procedure manuals, policies, etc.; recommend coverage and reimbursement levels to supervisor.
- Provide technical assistance to providers relating to coding, documentation, procedures, and payer requirements and disseminate information.
- Resolve provider reimbursement payment issues.

NOTE: The duties listed are not intended to be all-inclusive. Duties assigned any individual employee are at the discretion of the appointing authority.

MINIMUM QUALIFICATIONS:

Requires associates degree in a health related field, three years of work experience processing or auditing medical claims or coding, and current CPC Certification (Certified Professional Coder). Additional work experience may substitute for the degree requirement on a year for year basis.

Eff. Date: 9/13