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**CLAIMS ADJUSTER (4261-3)**  
**WORKFORCE SAFETY & INSURANCE**

**SCOPE OF WORK:**

Work involves adjudicating claims of injured workers.

**DUTIES PERFORMED AT ALL LEVELS:**

- Review report of injury; interpret and review medical records; make claim determination and issue notice of decision.
- Determine liability of medical bills.
- Coordinate with other agencies and departments to ensure claims are adjudicated according to North Dakota Century Code and administrative rules.
- Approve or deny medical products and services using claims procedure guidelines.
- Review medical case information and calculate average weekly determination.
- Authorize medical and disability payments.
- Coordinate with medical case management ensuring appropriateness of care received by injured workers.
- Coordinate and monitor treatment and vocational and rehabilitative services with the injured worker and employer to return the injured worker back to work.
- Respond to inquiries from injured workers, employers, and medical providers to communicate status or resolve 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.

**CLAIMS ADJUSTER I**  
**GRADE J**

4261

**LEVEL DEFINITION:**

Work at this level involves making recommendations for adjudicating claims under close supervision and all work is reviewed.

**ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:**

CLASS CODE: 4261  
4262  
4263

ND Class Description  
Claims Adjuster, WSI

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- None

MINIMUM QUALIFICATIONS:

Requires a high school diploma or GED and four years of work experience that provided knowledge of medical and insurance claims and/or terminology. College-level course work in a business or healthcare field will substitute for the experience requirement on a year-for-year basis.

**CLAIMS ADJUSTER II**

4262

GRADE K

LEVEL DEFINITION:

Work at this level involves adjudicating claims independently under general supervision. Positions are generally assigned the most complex claims.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Review and approve claims adjuster work.
- Participate in triage and staffing meetings.
- May train and mentor other claims adjusters.
- May perform case float duties.

MINIMUM QUALIFICATIONS:

Requires two years of work experience in processing injured worker claims, completion of training and testing requirements, and meeting established benchmarks.

**SENIOR CLAIMS ADJUSTER**

4263

GRADE L

LEVEL DEFINITION:

Work at this level involves assisting with claims operations of the unit including providing training and mentoring, lead work, and coordination of the claims adjudication process and claims adjusters.

ADDITIONAL DUTIES PERFORMED AT THIS LEVEL:

- Review and approve claims adjuster work.
- Train and mentor claims adjusters.
- Assist claims supervisor in operations of the unit; work system queues, perform audits, attend meetings, etc.
- Authorize and release Notice of Decisions and Notice to Discontinue Benefits.

MINIMUM QUALIFICATIONS:

Requires five years work experience in processing injured worker claims, completion of training and testing requirements, and meeting established benchmarks.

Eff. Date: 9/09

Rev: 7/12 – Conversion to Hay System