

Medical Claims Examiner Job Description

Our innovative and growing company is hiring for a medical claims examiner. If you are looking for an exciting place to work, please take a look at the list of qualifications below.

Responsibilities for medical claims examiner

- Researches and investigates high complexity claims to determine if claims are both payable to our providers and invoiceable to our contractor in accordance with various policy provisions
- Responsible for generating requests for additional information required to process a claim (i.e., incomplete authorization information, processing new provider and vendors)
- Responsible to determine if correct billing/coding requirements have been met
- Verifies payment and invoicing amounts are accurate, by analyzing claim extracts and utilizing systems, tools and resources available
- Performs routine and random sampling audits of adjudicated claims to identify inaccurate claims adjudication
- Researches, trouble shoot and resolve errors and problem areas in claims entry and processing
- Identifies prevalent trends for inaccurate claims processing and adjudication
- Assists in the development of action plans to address quality deficiencies
- Works with community-based providers to stimulate the billing process by reviewing records to maintain documentation of outstanding charges
- Identifies and communicates claims system and/or billing problems to Manager

Qualifications for medical claims examiner

- 3 years Professional and Institutional Claims experience
- Requires 3+ years experience working as an actual "Claims Examiner" in a Managed Care environment
- 3 years of experience working with various fee schedules (i.e., CMS, Medical)
- 10 years claims adjudication
- Two or more years managed care experience in Prior Authorization or Claim Review
- 3-5 years nursing experience or other equivalent hands-on medical industry experience

Medical Claims Examiner Study Guide

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Medical Claims Examiner Study Guide:

Medical Claims Processor - The Comprehensive Guide DEAN STRATTON, Unlock the world of healthcare administration with Medical Claims Processor The Comprehensive Guide a step by step handbook for mastering the essential skills of medical billing insurance verification and claims management Perfect for beginners career changers and professionals seeking advancement this guide simplifies complex terminology and processes with real world examples interactive checklists and insider tips Explore every stage of the medical claims cycle from patient intake and coding accuracy to payer communication and denial resolution Learn how to navigate compliance standards like HIPAA and ICD 10 avoid costly processing errors and streamline reimbursement timelines Each chapter blends practical insights with hypothetical scenarios that mirror real healthcare environments helping readers build confidence and precision in their daily workflow Whether you are preparing for a certification managing a billing department or starting your own medical claims business this guide equips you with the strategies ethics and tools to thrive in today's dynamic healthcare landscape Ideal for medical office staff healthcare students and entrepreneurs aiming to understand the financial backbone of clinical operations

A Case Manager's Study Guide Denise Fattorusso, Campion Quinn, 2004 This is the most comprehensive print and electronic combination study guide case management certification It contains the most up to date information assures a uniform base knowledge for the successful case manager and provides study questions and practice exams to help you assess your skills and needs

Book Alone: Case Manager's Study Guide Denise Fattorusso, Campion E. Quinn, 2012-06-25

Medicaid Claims Examiner National Learning Corporation, 2019-02 The Medicaid Claims Examiner Passbook R prepares you for your test by allowing you to take practice exams in the subjects you need to study It provides hundreds of questions and answers in the areas that will likely be covered on your upcoming exam including but not limited to Interviewing claimants Medical terminology Understanding and interpreting written material Documents and forms Preparing written materials Supervision and more

Guide to Health Claims Examinations Insurance Career Development Center Staff, Caitlind L. Alexander, Insurance Career Development Center, 1994-12

Guide to Health Claims Examining ICDC Publishing, Inc, 2007 This comprehensive text presents the principles and theories behind health claims examining It builds a complete understanding of all the skills necessary to process pay and apply claims as an examiner accurately and consistently Highlights include Learning objectives that identify key skills and concepts On the Job Now Professional self assessment sections Practice Pitfalls Bad habits to avoid in the workplace Chapter review questions and in text exercises This book should be used in conjunction with the workbook The Practice of Health Claims Examining Second Edition which simulates daily duties as if the student were working for an insurance carrier Book jacket

Claims Examiner's Guide for Interaction with Independent Medical Exam Providers, 2017

Supervising Medicaid Claims Examiner National Learning Corporation, 2019-02 The Supervising Medicaid Claims Examiner Passbook R prepares you for your test by allowing you to

take practice exams in the subjects you need to study It provides hundreds of questions and answers in the areas that will likely be covered on your upcoming exam including but not limited to Interviewing claimants Medical terminology Understanding and interpreting written material Documents and forms Preparing written materials Supervision and more

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