



## CLAIMS TECHNICIAN II

---

**Position Status:** Non-Exempt  
**Reports To:** Claims Supervisor  
**Effective Date:** 04/19/00  
**Revised Date:** 10/28/22  
**Job Level:** S2

### POSITION SUMMARY

Under general supervision, this position:

1. Verifies, processes, and/or adjudicates claims, including applying detailed consideration, standards in pending and releasing claims from pend edits and for proper application of program policy related to claim entry and analysis
2. Assists with training new hires and cross-training other Claims Technicians
3. Performs other duties as assigned

### RESPONSIBILITIES

1. Verifies, processes, and/or adjudicates claims, including applying detailed consideration, standards in pending and releasing claims from pend edits and for proper application of program policy related to claim entry and analysis, with duties including but not limited to:
  - Processing Level I and Level II claim types
  - Learning to process high-level claim types normally assigned to the Claims Technician III position
  - Applying correct procedural codes, modifiers, manual pricing, coordination of benefits and billing limits with appropriate payment status and override notation, as instructed and per established procedures
  - Applying payment rules per provider/health plan contracted relationships
  - Researching claims history for duplicates and consideration of benefits/frequency limits
  - Processing re-billed/tracer claims
  - Performing claims and authorization research (e.g. Referral Authorization Forms, Treatment Authorization Requests) verbally and/or via e-mail
2. Assists with training new hires and cross-training other Claims Technicians
3. Performs other duties as assigned

### EDUCATION AND EXPERIENCE

- High school diploma or equivalent and two years (or an Associate's degree and a minimum of one/two years) of relevant experience with claims processing in an automated claim environment; or a combination of education and relevant experience may be qualifying

### KNOWLEDGE, SKILLS, AND ABILITIES

- Working knowledge of medical terminology and related procedure and diagnostic coding (CPT/ICD, HCPCS), as well as knowledge of how to access available resource tools

- Working knowledge of and the ability to read and understand medical insurance Explanation of Benefits
- Working knowledge of and ability to operate general office equipment, including personal computer, telephone, photocopier, fax, etc.
- Some knowledge of and proficiency with Windows-based PC systems, including Microsoft Word, Excel, and Outlook
- Ability to understand current software programs and screens that are required in the daily processing of claims
- Ability to keep current on claims processing practices and procedures

#### DESIRABLE QUALIFICATIONS

- Knowledge of the Medi-Cal program
- Skill to accurately and efficiently perform 10-key by touch in a way that produces accurate and timely data entry

#### WORK ENVIRONMENT

- Ability to sit in front of and operate a video display terminal and perform 10-key by touch for extended periods of time
- Ability to stand, bend, reach overhead, lift, carry or move objects of varying size weighing up to 20 pounds

---

*This position description, and all content, is representative only and not exhaustive of the tasks that an employee may be required to perform. Employees are additionally held responsible to the Employee Handbook, the Alliance Standard Knowledge, Skills and Abilities and the Alliance Code of Conduct. The Alliance reserves the right to revise this position description at any time.*