Billing Experts Should Show Their Work

BORS100 | Expert-opinion transparency and qualification-to-opinion fit

The title "billing expert" should not erase the boundaries of the expert's actual experience.

THE ISSUE

In brief. Medical-billing disputes can involve coding, clinical documentation, charge development, payment methodology, medical necessity, benchmark construction, payer policy, and healthcare economics. These fields overlap, but they are not interchangeable. A polished witness may have real experience in one area while presenting broader opinions that a jury or other non-specialist cannot readily separate.

WHY IT MATTERS

- Precise dollar figures, codes, and percentiles can create an impression of authority without revealing the analytical path.
- General credentials do not establish qualification for every opinion category.
- Cross-examination works better when sources, calculations, assumptions, and limits are disclosed before testimony.

POLICY DIRECTION

- Classify each opinion: coding, clinical, charge, payment, benchmark, medical-necessity, or economic.
- Require qualification-to-opinion fit for each category—not merely a broad résumé or occupational title.
- Disclose records, benchmark provenance, method, calculations, assumptions, exclusions, case linkage, and relevant relationships.
- Apply the standard symmetrically and use cure or supplementation before disproportionate sanctions.

WHAT THE ARTICLE OR FRAMEWORK CONTRIBUTES

Contribution. BORS100 is a published seven-domain framework for examining whether the disclosed foundation of a billing or medicolegal opinion is visible, reproducible, case-specific, and auditable. It can organize review, report writing, and comparison without replacing the governing legal standard.

EVIDENTIARY BOUNDARY

Do not overread it. BORS100 is a proposed, pilot-use structured review aid. It does not independently determine truth, admissibility, credibility, payment, bad faith, or whether an expert is qualified under controlling law. A high score does not prove correctness; a low score does not prove misconduct.

BOTTOM LINE **Require the expert to define the opinion, show the method, and disclose the limits before asking a decision-maker to rely on the conclusion.**

Source foundation: Billing Opinion Reliability Score 100 (Cureus, 2026) | PubMed PMID 42436700 | BORS100.com