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# Example of Appeals Nurse Job Description

Our company is growing rapidly and is searching for experienced candidates for the position of appeals nurse. Please review the list of responsibilities and qualifications. While this is our ideal list, we will consider candidates that do not necessarily have all of the qualifications, but have sufficient experience and talent.

## Responsibilities for appeals nurse

* May be responsible for creation and submission of appeal case files to external review entity with supporting justification of plan's decision to deny coverage
* May perform review of external appeals cases prior to being forward to the Independent Review Entity (IRE) or reviews IRE cases as a gatekeeper
* May be responsible for preparing Administrative Law Judge (ALJ) summaries and attending ALJ Hearings
* Conducts investigations and reviews of member and provider appeals
* Reviews retrospective medical records of denied services
* May extrapolates and summarize medical information for medical director
* Compose clinical appeal letters to send to payers for denial reconsiderations utilizing documentation, contract language, or voice recordings as applicable
* Present a concise medical summary within each appeal based on support from the medical record
* Demonstrate ability to interpret medical payer policy requirements
* Strong ability to research evidence-based practices

## Qualifications for appeals nurse

* Identify and obtain all additional information (relevant medical records, contract language and process/procedures) needed to make an appropriate determination of the appeal
* Make an appropriate administrative determinations as to whether a claim should be approved or denied based on the available information and research and provide a written detailed clinical summary for the Plan Medical Director
* Determine whether additional pre service, appeal or grievance reviews are required and/or whether additional appeal rights are applicable and then if necessary, route to the proper area/department for their review and decision/response
* Complete necessary documentation of final documentation of final determination of the appeals using the appropriate system applications, templates, communication process
* Communicate appeal information to members or providers with the required timeframes well as to all appropriate internal or external parties (regulatory agencies, plan administrators)
* Adhere to department workflows, desktop procedures, and policies