Downloaded from <https://www.velvetjobs.com/job-descriptions/clinical-appeals-reviewer>

# Example of Clinical Appeals Reviewer Job Description

Our company is growing rapidly and is looking for a clinical appeals reviewer. We appreciate you taking the time to review the list of qualifications and to apply for the position. If you don’t fill all of the qualifications, you may still be considered depending on your level of experience.

## Responsibilities for clinical appeals reviewer

* Verifying Member coverage and clinical programs that apply
* Routing cases to the correct Pharmacist queue or Medical Directors (when required)
* Assure appeals are resolved within regulatory timeframes
* Assure grievances / complaints and DOI issues are handled within regulatory timeframes
* Utilizes MCG Criteria, CMS Guidelines, medical and administrative policies to evaluate medical necessity of requested service, applying sound clinical judgement
* Reviews clinical cases and formulates responses for Grievance and Appeals
* Prepares and presents clinical detail to the Medical Director for final case determination in accordance with regulation and department policy
* Ensures internal and regulatory time frames are met
* Utilizes the member’s contract to determine coverage eligibility
* Determine if appeal is clinical or administrative

## Qualifications for clinical appeals reviewer

* Must live in St
* Must Live near Schaumburg, IL
* Preferred 2+ years of experience in Managed care experience
* Required Intermediate Healthcare Management Systems (Generic) Ability to use proprietary healthcare management system
* Preferred A Bachelor's Degree in a related area
* Required 1+ year of experience in an acute care setting (Medical)