

Example of Review Nurse Job Description

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Our company is growing rapidly and is looking to fill the role of review nurse. 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 review nurse

- Follows job work aide in sequence of performing job, including checking eligibility on health plan websites
- Preps case thoroughly, concisely and clearly for physician review
- Screens selected medical records in accordance with contractual agreements and departmental policies for appropriateness of admission
- Reviews and/or coordinates requests for authorization of specialty services with external consultants, and Physician Advisors
- Perform clinical reviews using HPHC criteria and guidelines to determine when services are medically necessary and appropriate
- Analyze and evaluate medical records and other health data to render medical necessity determinations using specific clinical criteria while adhering to regulatory turn-around times and provide review outcomes to members and providers in accordance with notification standards
- Review outpatient pre-authorization requests and/or retrospective requests through claims review and incoming requests through fax, electronic authorization platform, or telephone to ensure medical necessity for services requiring pre-authorization
- Proactively and collaboratively interface with physicians, internal staff, members and members' families to assist in expediting appropriate discharge, obtain authorizations, and direct toward medically necessary care
- Conducts concurrent reviews for inpatient stays (hospital, Skilled Nursing Facility, Rehab, Long Term Care Hospitals,) and for Home Health agency

- Coordinates and acts as a resource to the facility Care Management staff in managing transition of care from the facility to alternative level of care

Qualifications for review nurse

- Three (3) years of Utilization Management (Precertification, Case Management, Disease Management, Retrospective Review) preferred
- RN with current unrestricted License in State of Arizona
- Minimum of one (1) year experience in Managed Care and/or three (3) years experience in UR/UM
- Case management or concurrent review experience preferred
- Arizona State issued driver's license
- Must have own reliable transportation with appropriate insurance