



Example of Utilization Review Nurse Job Description

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Our growing company is looking to fill the role of utilization 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 utilization review nurse

- Assist with Triage, Utilization Review and possibly Nurse Case Management
- Review authorization requests for medical appropriateness and correct contracted vendor
- Liaison with designated Medical Director for complex authorization requests
- Responsible for presenting the clinical criteria to support denial of services
- Works with the RAC Coordinator in monitoring RAC communication via the Wachovia lockbox
- Works in conjunction with the RAC Coordinator to ensure that inpatient RAC audit requests are entered timely into RAC Manager
- Oversees RAC audit, appeal, and denial communication
- Reviews RAC denials and collaborate with PFS/HIM as needed to determine concurrence with the RAC or an appeal letter to the RAC is indicated
- Reports RAC activity at monthly revenue management meetings
- Reports any identified trends or areas of needed improvement to the Compliance Nurse Manager Auditor

Qualifications for utilization review nurse

- Maintain current nursing license and/or any professional designations that may be required with the jurisdiction
- Clinical experience with Emergency Dept, orthopedic, neurological, rehabilitation, medical/surgical, occupational health or other telephonic triage

- Requires an LPN, LVN, or RN
- Microsoft Office experience highly preferred
- Requires walking for extended periods of time