



Utilization Review (UR) Triage Nurse

Summary of Role:

The Utilization Review Triage Nurse assists our client with triage of Utilization Review referrals to approve by best practices, and assign to a RN or Physician when unable to approve the treatment request.

Work Specifics: Standard, eight (8) hour work day, Monday-Friday, in a client's office

Responsibilities include, but are not limited to:

- Triage all treatment requests to determine that it is actually a referral, and what process the referral will take
- Approval of some requests based on best practices and advise involved parties of approval
- Use claims system to check for past treatment, confirmation of important information, and other factors that affect treatment (use of two different web-based systems daily)
- Send requests that the Triage Nurse cannot approve to formal UR for review by RNs and Physicians
- Act as a clinical resource to claims adjusters in the client's office
- Promptly respond to client questions; must sound professional, credible, pleasant, and sincere
- Professional interaction with Nurses, Insurance Adjusters and other medical professionals
- Other duties as assigned

Qualifications

- Graduate of an accredited nursing program
- Valid California LVN license in good standing with no restrictions
- Possesses and can demonstrate the professional and technical skills needed
- Experience in Workers' Compensation experience highly desirable
- High comfort level with computers and computer programs (MS Word, MS Excel, Email)
- Excellent Written and Oral Communication Skills
- Strong Organization Skills
- Ability to lift up to 20 lbs
- Sit (approx. 75-100% of the time), stand (approx. 0-25% of the time), type (approx. 75-100% of the time) and do the job with or without reasonable accommodation