

THE UR NURSE CAREER TOOLKIT

Everything You Need to Land Your First Utilization Review Role

Two Complete Guides for LPNs and RNs Transitioning Into UR Nursing

PART ONE

From Bedside to Utilization Review — The Resume-Building Guide

PART TWO

The UR Nurse Interview Guide — Model Talking Points for Every Core Competency

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This guide is an educational resource only and does not guarantee employment, an interview, or a Utilization Review position. Outcomes depend on individual qualifications, licensure, experience, and the hiring employer.

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PART ONE

The Resume Guide

From Bedside to Utilization Review

1. Why This Guide Matters

Utilization Review (UR) rarely appears as a job title on your resume before your first UR role — so hiring managers and applicant tracking systems (ATS) aren't looking for "UR experience" so much as evidence that you already think and document like a UR nurse. Every bedside shift involves informal utilization review: deciding whether a patient meets criteria to stay, coordinating with case management, and documenting medical necessity. This guide will help you surface that experience in the language UR employers and ATS software are scanning for.

How ATS Screening Works

Most healthcare systems and staffing agencies run resumes through an Applicant Tracking System before a human ever reads them. The ATS scores resumes based on keyword matches to the job posting. Two things to keep in mind:

- **Exact phrasing matters.** If a posting says "utilization management," a resume that only says "case review" may not be flagged as a match — mirror the posting's language wherever you can.
- **Keywords need context.** Stuffing a skills list with terms your resume doesn't otherwise support looks like keyword-stuffing to a human reviewer and can backfire in an interview. Every keyword should be traceable to a real bullet point.

***Pro tip:** Before you finalize your resume, pull up two or three real UR job postings from Indeed or a health system's careers page. Underline the recurring nouns and verbs — it's the fastest way to see exactly what that employer is scanning for.*

2. Standard Resume Structure

If you're transitioning into UR, order and framing matter more than length. The structure below works for both LPNs and RNs and keeps your resume to one page if you have under 10 years of experience, or two pages if you're a veteran nurse.

Section	Purpose	Length
Header & Contact Info	Name, phone, email, city/state, LinkedIn (optional). Include license type if space allows.	2–3 lines
Professional Summary	3–4 sentence pitch connecting current experience to UR. This is where a bedside nurse states their intent.	3–4 sentences
Core Skills / Keywords	Scannable list of UR-relevant keywords, formatted for both ATS and human skimming.	8–15 terms
Professional Experience	Reverse-chronological. Bedside roles reframed using UR language (see Section 5).	3–6 bullets per role
Education	Degree, school, graduation year (optional if >10 years ago).	1–2 lines per entry
Licensure & Certifications	RN/LPN license (state), BLS/ACLS, and any UR-adjacent certifications (CCM, ACM, InterQual/MCG training).	List format
Optional: Additional Training	Relevant coursework, webinars, InterQual/MCG self-study, or professional association membership (e.g., ACMA, CMSA).	1–3 lines

3. LPN vs. RN: What Changes on the Resume

Licensure scope affects which UR titles are realistic targets and which experience to foreground. Use this table to see how to frame your resume differently depending on your license.

Consideration	If You're an RN	If You're an LPN
Typical UR role eligibility	You can target UR Nurse titles directly with your RN license.	You're competitive for UR-adjacent titles: UR Coordinator, UR Technician, Pre-Certification Specialist, LTC/SNF UR roles, or intake/authorization roles at payers.
Resume framing	Emphasize clinical assessment complexity, higher-acuity settings, and any charge nurse or precepting experience.	Emphasize documentation accuracy, familiarity with care plans/MDS (in LTC settings), and any experience communicating with insurance case managers.
Certifications to highlight	CCM (Certified Case Manager), ACM, CPUR, InterQual/MCG training.	InterQual/MCG training (many LPNs can sit for this), any LTC-specific certifications (e.g., RAC-CT for MDS/PPS coordination).
Career-path note for the resume	You can apply to UR Nurse roles now; consider mentioning interest in CCM certification as "in progress" or "planned."	Target UR-adjacent titles first and build toward UR Nurse over time. Highlighting InterQual/MCG familiarity and payer-facing communication experience makes you a strong candidate for UR Coordinator and Pre-Certification roles.

4. UR Keyword Bank

Use this as your reference sheet. Pull the exact phrasing used in real job postings rather than relying on this list alone — but this covers the terms that recur across most hospital, payer, and post-acute UR postings.

Job Titles to Search For

Utilization Review (UR) Nurse • Utilization Management (UM) Nurse • Clinical Review Nurse • Prior Authorization / Pre-Auth Nurse • Case Manager / Nurse Case Manager • Care Coordinator

Pro tip: Job titles vary widely by employer, so search each of these separately on Indeed, LinkedIn, and health system and payer career pages. Save the postings you like and reuse their exact wording in your resume.

Core Job Function

Utilization Review • Utilization Management • Case Management • Concurrent Review • Retrospective Review • Prior Authorization • Discharge Planning • Care Coordination • Medical Necessity Determination • Length of Stay Management • Denial Management • Appeals

Clinical Criteria & Guidelines

InterQual Criteria • MCG (Milliman Care Guidelines) • CMS Guidelines • ASAM Criteria (behavioral health/SUD) • Evidence-based clinical guidelines

Regulatory & Compliance

HIPAA Compliance • CMS Regulations • NCQA Standards • Medicare/Medicaid Guidelines • URAC Standards • Quality Assurance / Quality Improvement (QA/QI)

Systems & Technology

EMR/EHR (Epic, Cerner, Meditech) • Claims Processing Systems • InterQual/MCG Software Platforms • ICD-10 / CPT Coding

Credentials

RN / LPN License (state) • BSN • CCM (Certified Case Manager) • ACM (Accredited Case Manager) • CPHQ • Certified Utilization Review Nurse

Skills & Competencies

Clinical Documentation Review • Interdisciplinary Collaboration • Insurance Verification • Cost Containment • Risk Assessment • Data/Trend Analysis • Patient Advocacy • Critical Thinking • Peer-to-Peer Review Coordination • Telephonic Case Management

5. Translating Bedside Experience Into UR Language

This is the piece most nurses need the most help with. None of this is exaggeration — it's naming work you already do in terms a UR hiring manager recognizes. Read through the rows below, then identify two or three that match your own recent shifts.

What a bedside nurse actually does	How to word it for UR
Decides if a patient is ready for discharge	Assessed patient readiness for discharge in alignment with medical necessity criteria and anticipated length of stay
Advocates for a patient to stay longer or get more services	Collaborated with the care team and case management to advocate for the appropriate level of care based on clinical presentation
Follows physician orders and insurance requirements	Ensured documentation supported ordered services in accordance with payer and regulatory requirements
Works with case managers/discharge planners	Partnered with case management and utilization review teams to coordinate discharge planning and post-acute care needs
Participates in multidisciplinary rounds	Contributed clinical insights during interdisciplinary rounds to support care planning and resource allocation decisions
Talks to insurance case managers about a patient's status	Communicated patient status and clinical updates to payer representatives to support authorization and continued-stay reviews
Charts thoroughly every shift	Maintained accurate, timely clinical documentation supporting medical necessity, plan of care, and regulatory compliance standards
Has seen case managers reference InterQual/MCG	Gained working knowledge of InterQual/MCG criteria through close collaboration with the case management team
Has helped a physician prepare for a denial appeal call	Assisted physicians in preparing clinical information for peer-to-peer review discussions

6. The Bullet-Point Formula

Use this formula to structure every experience bullet:

Action Verb + UR Keyword/Skill + Context + Quantifiable Result (when possible)

Strong action verbs for this transition

Assessed • Coordinated • Documented • Facilitated • Communicated • Advocated • Collaborated • Ensured • Reviewed • Supported • Maintained • Partnered

Example progression

- Weak: "Took care of patients on a med-surg floor."
- Better: "Assessed patients daily and coordinated discharge planning with case management."
- Strong: "Assessed patient status daily and partnered with case management to coordinate discharge planning, contributing to a reduction in avoidable length-of-stay days on a 30-bed med-surg unit."

Pro tip: Numbers don't need to be exact audited figures — a defensible estimate ("approximately," "an average of") is fine and still outperforms a bullet with no number at all.

7. Full Sample Resumes

These are fictional, fully worked examples you can model your own resume after. Note that the LPN sample targets a UR Coordinator / UR-adjacent title rather than "UR Nurse," consistent with typical licensure requirements.

Sample Resume — RN Pathway (Med-Surg → Hospital UR Nurse)

Jordan Ellis, BSN, RN

(555) 123-4567 • jordan.ellis@email.com • Tampa, FL • RN License, State of Florida

PROFESSIONAL SUMMARY

Registered Nurse with 5 years of med-surg and telemetry experience seeking to transition into Utilization Review. Skilled in clinical assessment, discharge planning coordination, and cross-functional communication with case management and payer representatives. Proficient in Epic EHR documentation, critical thinking under high-acuity conditions, and applying clinical judgment to support medical necessity and appropriate resource utilization.

CORE SKILLS

Utilization Review Fundamentals • Discharge Planning • Care Coordination • Clinical Documentation • Medical Necessity Assessment • Interdisciplinary Collaboration • Epic EHR • ICD-10 Familiarity • Patient Advocacy • HIPAA Compliance • InterQual (in progress)

PROFESSIONAL EXPERIENCE

Registered Nurse, Medical-Surgical/Telemetry Unit | Riverside General Hospital Jun 2021 – Present

- Assessed patient status daily and partnered with case management to coordinate discharge planning for a 30-bed unit, supporting timely, medically appropriate transitions of care.
- Communicated patient status and clinical updates to payer case managers during continued-stay reviews, helping ensure documentation supported medical necessity.
- Maintained accurate, timely clinical documentation in Epic EHR in accordance with regulatory and payer requirements.
- Contributed clinical insights during daily interdisciplinary rounds to support care planning and resource allocation decisions.
- Assisted physicians in preparing clinical summaries for peer-to-peer review calls with insurance medical directors.

Registered Nurse, Float Pool | Riverside General Hospital

Aug 2019 – Jun 2021

- Delivered direct patient care across med-surg, ortho, and step-down units, adapting quickly to varying acuity and documentation requirements.
- Identified and escalated discharge barriers to case management, contributing to reduced avoidable length-of-stay days.

EDUCATION

Bachelor of Science in Nursing (BSN) — University of South Florida, 2019

LICENSURE & CERTIFICATIONS

Registered Nurse (RN), State of Florida • BLS • ACLS • InterQual Criteria Training (in progress)

Sample Resume — LPN Pathway (Long-Term Care → UR Coordinator)

Maria Santos, LPN

(555) 987-6543 • maria.santos@email.com • Brandon, FL • LPN License, State of Florida

PROFESSIONAL SUMMARY

Licensed Practical Nurse with 6 years of long-term care and skilled nursing experience, transitioning into Utilization Review. Strong background in MDS-related documentation, care plan coordination, and communication with insurance case managers regarding continued-stay authorizations. Completing UR-focused coursework and InterQual criteria training to support this transition.

CORE SKILLS

Utilization Review Fundamentals • Care Plan Coordination • MDS/PPS Documentation Support • Insurance Authorization Communication • Discharge Planning Support • PointClickCare EHR • Patient Advocacy • HIPAA Compliance • InterQual Familiarity (in progress)

PROFESSIONAL EXPERIENCE

Licensed Practical Nurse | Brandon Pines Skilled Nursing & Rehab *Mar 2020 – Present*

- Supported care plan documentation and MDS-related data accuracy for a 40-resident skilled nursing unit, ensuring records reflected medical necessity for continued skilled services.
- Communicated resident status and clinical updates to insurance case managers to support continued-stay and authorization reviews.
- Collaborated with the interdisciplinary care team, including the facility's UR/case management staff, on discharge readiness and post-acute care planning.
- Maintained accurate, timely documentation in PointClickCare in accordance with facility, state, and payer requirements.

Licensed Practical Nurse | Comfort Home Health Agency *Jan 2018 – Mar 2020*

- Provided skilled home visits and documented clinical findings supporting physician orders and plan-of-care requirements.
- Coordinated with agency case managers to communicate changes in patient condition affecting authorized visit frequency.

EDUCATION

Practical Nursing Diploma — Hillsborough Community College, 2017

LICENSURE & CERTIFICATIONS

Licensed Practical Nurse (LPN), State of Florida • BLS • InterQual Criteria Training (in progress)

8. Pre-Submission Checklist

Run through this list one final time before you submit your resume for any real application.

- Does the professional summary explicitly state interest in / pursuit of Utilization Review?
- Have I mirrored language from an actual UR job posting, not just this guide?
- Does every keyword in my skills section connect to a real bullet point elsewhere in the resume?
- Does at least one bullet per role mention documentation, discharge planning, or communication with case management/payers?
- Have I quantified results where possible (even estimates)?
- Is my license type clearly listed?
- Have I listed any relevant coursework and InterQual/MCG training under certifications?
- LPNs: does my resume target realistic titles (UR Coordinator, Pre-Cert Specialist, UR Technician) alongside RN-eligible UR Nurse roles?

- Is the resume free of unexplained acronyms a non-nurse recruiter might not recognize?
- Have I proofread for consistent verb tense (past tense for prior roles, present tense for current role)?

PART TWO

The Interview Guide

Model Talking Points for Every Core Competency

About This Guide

This guide outlines the core competency areas evaluated in Utilization Review (UR) nurse interviews and provides model talking points for each domain: clinical judgment, regulatory compliance, technical proficiency, communication, and professional mindset. Use it to prepare thoughtful, criteria-grounded answers before you walk into an interview.

1 | Clinical Judgment & Criteria Application

Tests your ability to apply evidence-based criteria (e.g., MCG or InterQual) within utilization management platforms such as MHK.

Q: *Can you walk me through your process for determining medical necessity for an inpatient stay versus observation status?*

Model process

- Step 1 — Confirm an inpatient order exists
- Step 2 — Apply the 2-Midnight Benchmark (if Medicare or Medicaid)
- Step 3 — Assess Severity of Illness (SI)
- Step 4 — Assess Intensity of Service (IS)
- Step 5 — Use evidence-based criteria

Key elements of the determination

- The expectation of stay must be documented and clinically reasonable at the time of admission.
- Decisions are based on information known at admission — not hindsight.
- Intensity of Service (IS) considers continuous IV medications, frequent neuro/cardiac monitoring, high nursing intensity, telemetry, or complex diagnostics.

Q: *How do you handle a situation where a provider's request doesn't meet clinical criteria, but the physician is insisting on approval?*

Model answer: Actively listen first to confirm no clinical nuance was missed. Objectively explain the specific criteria gap (e.g., the treatment plan lacks the intensity of service required for inpatient status and could be safely managed under observation). Invite additional clinical documentation that might change the determination. If criteria still are not met, politely de-escalate, explain the formal review process, and refer the case for a Peer-to-Peer review with the Medical Director — documenting the clinical timeline and the provider's rationale thoroughly for the peer reviewer.

Q: *What is your experience using evidence-based clinical guidelines to justify a level of care?*

Prepare to describe specific experience with criteria sets (MCG/InterQual) and how you applied them to real cases to support a level-of-care decision.

2 | Regulatory & Compliance Knowledge

UR practice is governed heavily by CMS (Centers for Medicare & Medicaid Services) and NCQA standards.

Q: *How do you ensure you are meeting state and federal turnaround time (TAT) requirements for urgent versus non-urgent requests?*

Model three-step approach

Rigorous triaging — Review the queue each morning, cross-reference clinical intent to validate urgency, and reclassify per plan policy when a request is mis-flagged (e.g., a routine surgery marked "urgent," or a high-acuity case buried in the routine queue).

Proactive queue management — Prioritize cases by expiration timestamp rather than arrival time; use color-coded system alerts to tackle cases nearing their deadline first.

Eliminating administrative bottlenecks — Proactively outreach to the provider's case management team for missing documentation; if not received in time, package available information and route to the Medical Director for peer review so the plan still meets the applicable decision threshold (e.g., 72 hours).

Q: *What is the difference between a Prospective, Concurrent, and Retrospective review, and why does the distinction matter for compliance?*

Be ready to define each review type and explain the compliance implications of timing (pre-service, during-stay, and post-service reviews).

Q: *Are you familiar with the Two-Midnight Rule? How would you apply it to a case?*

Two-Midnight Rule Overview (established by CMS to clarify admission decisions)

Inpatient Admission (Part A) — appropriate when the physician documents an expectation of a stay crossing two midnights.

Observation / Outpatient (Part B) — appropriate when the stay is expected to last less than two midnights and the patient needs monitoring but not full admission.

3 | Technical Proficiency & Data Management

Q: *How comfortable are you navigating complex Electronic Health Records (EHR) and Utilization Management software simultaneously?*

Have concrete examples ready of dual-system workflows (e.g., cross-referencing EHR documentation while entering determinations in a UM platform such as MHK).

Q: *Describe a time you had to manage a high volume of cases. How did you prioritize which reviews to complete first?*

Frame your answer around prioritization logic — urgency/TAT deadlines, clinical acuity, and regulatory risk — rather than a simple first-in-first-out approach.

4 | Communication & Conflict Resolution

Q: *How do you approach a Peer-to-Peer (P2P) review discussion between a facility doctor and a Medical Director?*

Model answer: While it is outside the UR nurse's scope of practice to conduct the actual P2P discussion, the nurse's role is to serve as the critical orchestrator — preparing the clinical summary, highlighting the exact criteria gaps, and scheduling the call within strict regulatory turnaround times. This includes coordinating scheduling between both offices to meet state or federal timeline mandates, and, once the P2P occurs, reviewing the Medical Director's final determination and updating the system with the appropriate authorization codes or final denial language immediately.

Q: *Describe a time you identified an opportunity for discharge planning early in a patient's stay. How did you coordinate that with the bedside team?*

Prepare an example demonstrating early identification of discharge needs and cross-team coordination with bedside case management.

5 | The "Why" — The Mindset Shift

Q: *Why do you want to move from direct patient care to a behind-the-scenes role in Utilization Management?*

Interviewers are listening for genuine understanding that UR is regulatory and financial stewardship — an extension of patient advocacy through appropriate resource use, not a step away from patient care.

Q: *How do you define the Value-Based Care (VBC) model, and what role does a UR nurse play in achieving it?*

Understanding Value-Based Care (VBC)

VBC aligns medical necessity with quality outcomes and patient value rather than cost control alone. It evaluates:

Evidence-based appropriateness — Is the service supported by clinical guidelines?

Outcome impact — Will this service meaningfully improve the patient's condition?

Cost-effectiveness — Is there a lower-cost alternative with the same or better outcome?

Care coordination — Alignment with the broader care plan.

6 | Common Interview Questions With Sample Answers

Beyond the competency-specific questions above, expect these broader questions. Use the sample answers as a model for structure and tone, then replace the details with your own real experience.

Q: *What is your understanding of the utilization review process, and why is it important in healthcare?*

This question assesses your knowledge of utilization review, which is critical for ensuring that patients receive appropriate levels of care while managing costs effectively.

Sample answer: “Utilization review is the process of evaluating the necessity, appropriateness, and efficiency of healthcare services. It is crucial in ensuring that patients receive the right care while also managing healthcare costs. For instance, it involves assessing the appropriateness of admissions, continued stays, and discharges based on established clinical guidelines. My coursework in nursing emphasized the importance of evidence-based practices, and I understand that collaboration with providers is essential for achieving optimal patient outcomes.”

Q: *Describe a situation where you had to advocate for a patient’s needs or preferences.*

Sample answer: “During my clinical rotation, I encountered a patient who was hesitant about a recommended treatment plan due to potential side effects. I took the initiative to sit down with him, listen to his concerns, and clearly explain the benefits and risks. I then communicated his preferences to the healthcare team, advocating for a modified approach that aligned with his wishes. Ultimately, we reached a collaborative decision that respected his concerns, and he felt more comfortable moving forward. This experience reinforced my belief in the importance of patient advocacy.”

Q: *Can you describe a challenging case where you had to assess the appropriateness of a treatment plan?*

Sample answer: “I once reviewed a case where a patient was recommended for an expensive long-term therapy for chronic pain. I assessed the treatment’s appropriateness by comparing it to clinical guidelines and consulting with the prescribing physician. I found alternative therapies that were equally effective but less costly. After discussing with the healthcare team, we modified the treatment plan, which not only reduced costs by 30% but also led to improved patient satisfaction as they responded well to the alternative therapies.”

Pro tip: *These are sample answers, not scripts. Swap in your own real examples and numbers, and practice saying them out loud so they sound like you.*

7 | Questions to Ask the Interviewer

When they ask, “Do you have any questions about the role?” always have questions ready. Good questions show you understand how UR work actually runs day to day. Here are questions you can ask:

- What is the quota for cases that need to be completed per day, and how long after training am I expected to meet the quota?
- How long is training, and what does training look like?
- Does the role include nurses writing approval and/or denial letters, or is there a separate specialized team that handles that?
- What is the nurse longevity in the company?
- Does the company use InterQual or MCG?

8 | Before the Interview

Research the company. Know what they do and whether they are a payer, hospital system, or vendor.

Look for recent layoffs. Check recent news and reviews so you understand the company's stability.

Know the company's mission statement. Be ready to connect it to your own reasons for wanting the role.

Do a mock interview. Have someone help you prepare by asking you these questions out loud, and practice your answers until they feel natural.

A Final Word of Encouragement

Moving from the bedside into Utilization Review is a real career change, and it can feel intimidating to start. But the skills you already use every shift — clinical judgment, documentation, advocacy, and clear communication — are the same skills UR teams value.

You don't need to have it all figured out today. Update your resume, apply, practice your answers out loud, and keep going, even if your first few applications don't lead anywhere. Every application and interview builds your confidence and sharpens your story.

You have spent your career taking care of others. This is your time to invest in your own next step. You've got this.

Disclaimer: This guide is an educational resource only and does not guarantee employment, an interview, or a Utilization Review position. Outcomes depend on individual qualifications, licensure, experience, and the hiring employer.