

STEPS FOR OBTAINING PRIOR AUTHORIZATION OR PRECERTIFICATION

Prior authorization or sometimes called “precertification” is a form of communication between the physician’s office and the insurance company. The insurer often needs to authorize certain procedures that a physician may perform and by doing so, the physician’s office may need to call or fax the information regarding the procedure over to the payer. Below are some simple steps in making sure that procedures are correctly authorized.

- Review the patient’s demographic and payer information.
- Determine the procedure by assigning the proper CPT codes and assign all necessary diagnosis codes.
- Contact the insurer and verify the patient’s eligibility.
- When obtaining prior authorization, follow all of the insurer’s requirements. Submission of paperwork may be necessary to aid them in determining a decision.
- Obtain the authorization number for the insurer and request written authorization also.
- If the insurer does not grant service authorization, the physician may need to appeal. If this should arise, follow the insurer’s appeal process.
- If a decision for authorization is not reached, and should require review by a nurse, continue to follow up routinely until an authorization number is obtained.

