Prior Authorization Workflow Optimization Checklist

Disclaimer: This checklist is intended for general **reference and informational purposes only.** It does not constitute legal, medical, or compliance advice. Always consult your organization's policies and payer-specific guidelines before implementing any prior authorization procedures.

Step 1: Verify Requirements

- [ ] Confirm if PA is required for the requested service or medication.
- [ ] Check the payer's policy or portal for current PA rules.
- [ ] Identify covered alternatives if the original request is unlikely to be approved.

Step 2: Gather Clinical Documentation

- [ ] Include patient demographics and insurance information.
- [ ] Attach all required clinical notes (progress notes, test results, referrals).
- [ ] Ensure ICD-10 and CPT codes are correct and match the payer's criteria.
- [ ] Highlight medical necessity clearly.

Step 3: Submit the Request

- [ ] Use electronic prior authorization (ePA) tools whenever available.
- [ ] Submit through the correct payer portal or EHR-integrated system.
- [ ] Confirm receipt and submission time (document this in patient records).

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Step 4: Track and Follow Up

- [ ] Monitor request status in real time using available tools or dashboards.
- [ ] Set internal reminders to follow up before the payer's decision deadline.
- [ ] Contact the payer directly if the decision is delayed or unclear.

Step 5: Manage Denials and Appeals

- [ ] Review the denial reason and compare it with original submission.
- [ ] Resubmit with additional documentation or corrections as needed.
- [ ] File an appeal promptly, following the payer's specific appeal process.

Step 6: Analyze and Improve

- [ ] Track approval and denial rates by payer and procedure type.
- [ ] Hold monthly team reviews of PA outcomes and bottlenecks.
- [ ] Update internal protocols based on changing payer policies or regulations.
- [ ] Maintain relationships with payer reps for faster resolution.