The Ideal **Prior Authorization Process** Flow Chart

01

Register the patient

TIP:
Build transparency and cooperation by letting the patient know the appointment is dependent on approval from their insurance.

02

Verify the insurance

TIP:
Expedite the verification process by looking for ways you can automatically upload medical documentation vs. faxing.

03

Gather necessary information, including medical records

TIP:
Collect notes from prior visits or other healthcare providers that are pertinent to the prior authorization request and ultimate approval.

04

Initiate the authorization request from the payer on the portal

TIP:
Avoid fax and other non-digital methods when possible, as these take longer and leave more opportunity for lost information

05

Check the status of the prior authorization

TIP:
Check the status weekly, at minimum, even if the appointment is far out. Also ensure you have an up-to-date list of patients, dates of service, and status of each auth.

06

When prior authorization is obtained, document it in the system with the approval number, any authorized codes, and other required details

TIP:
Confirm no authorization numbers were left off, especially in the event the payer faxes the authorization.

07

If denied, schedule a peer-to-peer review

TIP:
Schedule a review as quickly as possible and ensure all documentation is ready for the physician ahead of time.

Streamline the above prior auth workflow even further with Authorization Management from AKASA. It's powered by AI, machine learning, and revenue cycle experts, and is capable of automatically completing auth determination and submission, and auth status checks — without burdening your team.

See our resilient automation in action

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