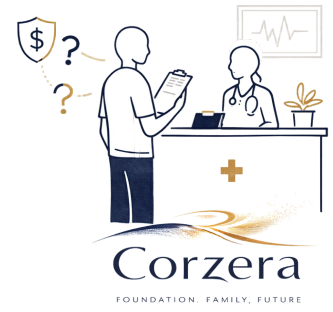


# UNDERSTANDING PRIOR AUTHORIZATION



**Avoid delays and unexpected costs before your procedure.**

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## What is Prior Authorization?

Prior authorization is approval from your insurance company that may be required before certain services are covered.

### **Approval requirement**

Some services must be approved in advance to be eligible for coverage

### **Not a guarantee**

Even with approval, your plan may not cover 100% of the cost

## When is it Required?

Prior authorization is often required for higher-cost or planned services.

### **Planned procedures or surgeries**

Approval is usually needed before scheduling

### **Imaging (MRI, CT scans)**

These tests often require review before being covered

### **Hospital stays or admissions**

Non-emergency admissions typically need approval

### **Certain medications**

Especially high-cost or specialty prescriptions

### **Medical equipment**

Items like oxygen or specialized equipment may require authorization

### **Emergency care**

Does not require prior authorization

## Who Handles It?

### **Doctor submits the request**

Your provider sends documentation to your insurance company

### **You confirm status**

Follow up to make sure it was submitted and approved

## What to Expect

### **Review timeline**

Requests may take several days to a few weeks

### **Additional information**

Your insurance company may ask for more details

### **Written decision**

You and your provider will receive approval or denial

### **Urgent requests**

Faster review (typically within 72 hours) if needed

### **Medical necessity**

Coverage decisions are often based on whether a service is considered medically necessary under your plan

## What to Confirm Before Care

### **Is authorization required?**

Not all services need it—confirm first

### **Has the request been submitted?**

Don't assume it was handled automatically

### **Do you have an approval number?**

Keep this for your records

### **Are all providers involved in your care in-network?**

Out-of-network care may cost significantly more

### **What will you pay?**

Ask about your deductible, copay, coinsurance, and total out-of-pocket costs.

## Important Notes

### **Approval time limits**

Authorizations may expire if not used within a certain timeframe

### **Renewals may be required**

Ongoing treatments may need additional approvals

## Key Reminder

Taking a few minutes to confirm authorization ahead of time can help prevent delays, denied claims, or unexpected costs.

When in doubt, contact your provider or insurance company before scheduling care.