

Understanding PRIOR AUTHORIZATION

Avoid denied claims and unexpected bills by getting prior approval *before* you receive care.

WHAT IS PRIOR AUTHORIZATION (PA)?

- PA is your health insurance plan's approval for certain services, procedures, or medications.
- It's also called pre-approval, prior approval, or precertification.
- Common examples are: MRIs, surgeries, high-cost prescriptions, specialty treatments.

PRIOR AUTHORIZATION EXISTS TO:

- Confirm medical necessity, and to promote safe, effective care.
- Encourage cost-effective options, and to prevent unexpected costs.
- Support consistent coverage decisions.

WHAT YOU NEED TO KNOW

- An approved PA does NOT guarantee payment of the claim.
- Failure to obtain a PA when required may result in denial or higher out-of-pocket costs - even for prescribed care.
- A PA is not immediate - ALLOW TIME for processing and responses from all parties.

WHO HANDLES PRIOR AUTHORIZATION?

- Typically, your provider manages this for you.
- Sometimes your assistance may be needed if responses are delayed - stay proactive.

✔ WHAT TO DO

- **BEFORE scheduling care**, check if PA is required.
- **Register online** with your health insurance carrier to verify PA requirements.
- **Confirm with your provider's office** - they can help you navigate the process.

💡 PRO TIPS

- **Mark Your Calendar:** PA approvals expire - track dates.
- **Switching Health Plans:** PA does NOT transfer - your new coverage requires a new PA.
- **Follow-up:** Check for forms and approvals to avoid delays.



Planning Ahead Matters

It's vital to plan ahead for your health now and in your future. What is your plan for health care during retirement? Scan the QR code to watch the video "Extended Care: A Patchwork of Possibilities."

<https://www.wealth.truenorthcompanies.com/resource-center/insurance/extended-care-a-patchwork-of-possibilities>



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