



Prior Authorization Demystified

What it is, why insurance does it, and how to navigate it

Your doctor wants to do something. Your insurance wants approval first. Here's how it works.

WHAT IT IS

Prior authorization (also called pre-approval or pre-certification) is when your insurance company requires their approval BEFORE they'll cover a specific service, procedure, or medication. It's how insurers manage costs. It's also one of the biggest sources of patient frustration. Knowing how it works is the difference between a smooth process and a surprise denial.

WHEN PRIOR AUTH IS REQUIRED

- Expensive imaging, MRI, CT, PET scans.
- Brand-name or specialty drugs.
- Non-emergency surgeries.
- Some specialist referrals (depending on plan type).
- Mental health intensive or inpatient treatments.

HOW TO HANDLE IT

- Your doctor's office usually submits the request.
- Process can take **1 to 30 days**, sometimes longer for non-urgent.
- Urgent? Ask for an **expedited review**.
- Denied? You can **appeal**, usually with additional documentation.
- Keep track of the case number, dates, and reviewer name.

THE 3 THINGS PEOPLE GET WRONG

1 "If my doctor orders it, insurance has to cover it."

Not always. Prior auth is the insurance company's chance to say "we don't think this is medically necessary as ordered." Doctor's order is the START of the process, not the end.

2 "Prior authorization can't be appealed."

Yes it can. Most denials have a structured appeal process and often succeed when the doctor provides better documentation showing medical necessity.

3 "I'm responsible for getting prior auth myself."

Usually NO. Your provider's office handles the submission. But YOU should follow up before scheduled appointments to make sure auth actually came through.

ALWAYS ASK BEFORE SCHEDULING:

For any expensive procedure or medication, ask "Does this need prior authorization?" BEFORE booking. Surprise denials after the fact are much harder to fix.

Stuck on a prior auth denial?

Call or text Craig, I'll help find the best plan that fits your medical and financial needs.

Don't go underinsured when you can be Insured AF.

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