Prior Authorization
Tip Sheet

AAOS
American Academy of Orthopaedic Surgeons

Tips to help physicians navigate the prior authorization	
1	**Check prior authorization requirements BEFORE providing services.**
	Some medical policies (AKA, coverage determinations) are published online while some may need to be requested. Policies may be updated or revised without notice so be sure to check regularly! Maintaining a list of your most frequent payers' procedures and policies will help ease administrative burden.
2	**Use those requirements to document the required data in the medical record.**
	Create a care template for ease of documentation and to ensure prior authorization requirements will be met. Remember, a physician order does not equal medical necessity (eg, patient diagnosis, appropriate symptoms, appropriate exam, diagnostic studies). Taking the time to create templates demonstrating the necessary criteria for specific payers can make all the difference. Include these in your most recent note/request for surgery.
3	**Understand How E&M Services Affect Prior Authorization**
	AMA continues to refine the E&M guidelines, so make sure you are up to date on the latest guidance. Level is now based on medical decision making (MDM). The components of history and physical exam are left up to the practitioner. While office notes based on these new requirements may satisfy billing requirements for MDM, they may be lacking history and physical to support medical necessity. Payers still require documentation regarding medical necessity for requested procedures. It's important to understand the necessary documentation requirements when requesting prior authorization for a service.
4	**Track & Follow-up!**
	Most of the prior authorization process is manual. It is vital for practices to track requests and do their due diligence. Follow-up when requests that are not handled in a timely manner.

You've been denied. Now what?	
1	**Submit an appeal with supporting clinical information.**
	If you don't have an appeal letter template, you should. This streamlines the process for you and your staff. An example template can be found here. In addition to clinical information, include any additional documentation from your specialty societies to support your claim (if available).
2	**Request a peer-to-peer review.**
	Networks have instructions for requesting a peer-to-peer review. It usually involves completing a request form and may need to be completed within a specific number of days of the date the initial authorization request was denied. Be sure to check each insurer for their specific instructions.
3	**Who is performing your review?**
	The appeal process may involve a call with another physician. It's supposed to be in the same specialty, but usually is not. If possible, try to find out who will perform your review in advance of the call. This will help you better prepare for the peer-to-peer discussion.

Peer-to-Peer Review	
1	**Approach the review as a collegial discussion with patient care.**
	Remember, your review will be performed by another physician, possibly of the same specialty or that performs similar procedures.
2	**Have a copy of the policies or clinical appropriateness on-hand for reference.**
	Read the insurer's practitioner guide online. If you can't access the policy online, request a copy prior to the review. It may also be beneficial to review your specialty society's clinical practice guidelines (CPGs) or other publications in advance (eg, AAOS Now, Code-X or GSD).
3	**Prepare questions in advance.**
	• I was not able to locate the reason for the denial in your policy, can you please show me the specific reference? What policy was used to deny the request? • Is there specific information not listed in the medical record that I can provide for the review? • When can I expect a response to the review? (Ask for a specific date.)
4	**Do your due diligence!**
	Keep track of all dates as well as the method of communication (eg, phone, email). Save summaries of your conversations and correspondence. Perform the necessary follow-up!