

Prior Authorization Checklist



Submitting a prior authorization (PA) is an important step in the prescription approval process. When completing a PA be sure to fill in as much information on the form as possible. Incomplete information can lead to a PA denial.

Use the checklist below when filling out and submitting a PA form:

PATIENT INFORMATION

- ☐ Name
- ☐ Policy number
- ☐ Member ID#
- ☐ Group number
- ☐ Gender

PATIENT HISTORY

- ☐ Date of diagnosis
- ☐ Previous treatments, procedures, and dates
- ☐ Contraindications
- ☐ Comorbidities
- ☐ Response to treatment
- ☐ Recent symptoms and conditions

PROVIDER AND FACILITY INFORMATION

- ☐ Name
- ☐ Address
- ☐ Telephone Number
- ☐ Fax Phone Number
- ☐ NPI

CLINICAL INFORMATION

- ☐ Setting of care
- ☐ Date of service
- ☐ Diagnosis codes and descriptions (ICD-10-CM)
- ☐ NDC codes, procedure/service requested HCPCS codes and descriptions
- ☐ Letter of medical necessity and relevant clinical support
- ☐ Medical records
- ☐ Lab reports

Track the following throughout the submission process:

- ✓ Dates and methods of correspondence (phone, mail, email, fax, and web)
- ✓ Names of insurance contacts and reviewers
- ✓ Summaries of conversations and copies of written documents from insurer
- ✓ Reference numbers from phone conversations