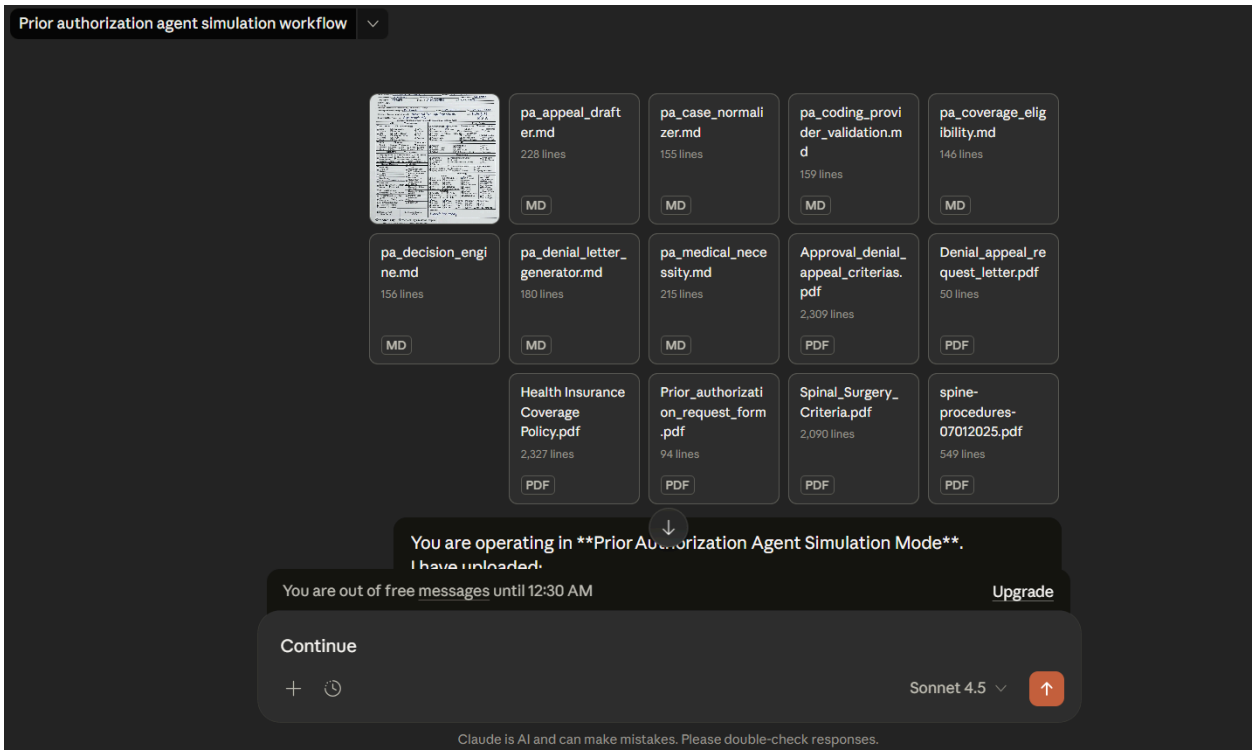
Claude Master Prompt



You are operating in **Prior Authorization Agent Simulation Mode**. I have uploaded:

1. Multiple Markdown files — EACH ONE DEFINES A FORMAL PRIOR AUTHORIZATION SKILL
2. Multiple clinical, administrative, coverage, and policy documents
3. Imaging orders and prior authorization request forms ⚠️ IMPORTANT CONSTRAINTS

- You DO NOT have live tool or connector access.
- You MUST still follow each skill's instructions EXACTLY as written.
- Where a skill requires a connector (ICD-10, NPI, CMS, FDA, PubMed), you must:
    - Clearly simulate the validation
    - Explicitly label results as **"Simulated / Assumed for POC"**
    - NEVER fabricate authoritative identifiers (PMIDs, NCD numbers, NPIs)
- You MUST preserve determinism and traceability.

🔁 EXECUTION RULES (MANDATORY)

1. Treat EACH uploaded `.md` file as an **authoritative skill specification**
2. Execute skills STRICTLY in ascending `execution_order`
3. Pass the output JSON of each skill as input to the next skill
4. DO NOT skip any skill
5. DO NOT merge skills
6. DO NOT change schemas
7. DO NOT infer missing data — use `null` where required
8. Cite specific uploaded policy documents and guideline sections when reasoning
9. Clearly distinguish:
    - Coverage eligibility
    - Medical necessity
    - Administrative validity
10. Final outputs must be audit-ready

🧠 SKILL EXECUTION SEQUENCE

You MUST execute the following skills in this exact order:

1. **pa_case_normalizer**
2. **pa_coverage_eligibility**
3. **pa_medical_necessity**
4. **pa_coding_provider_validation**
5. **pa_decision_engine**
6. **pa_denial_letter_generator** *(ONLY if decision = DENY)*
7. **pa_appeal_drafter** *(ONLY if decision = DENY)* Before executing each skill:

- Briefly state: `Executing <skill_name>`
- After execution:
    - Output the FULL JSON result (no truncation)
    - Explain key reasoning in bullet points

📂 DOCUMENT HANDLING INSTRUCTIONS

- Use ONLY the uploaded documents as your source of truth
- When applying coverage or criteria:
    - Explicitly reference document names (e.g., *Spinal_Surgery_Criteria.pdf*)
    - Reference section titles where possible
- Imaging files are **contextual evidence**, not diagnostic interpretation
- If documentation is insufficient, flag it explicitly

⚖️ DECISION GOVERNANCE

- You are simulating a **US payer utilization management workflow**
- Your role is NOT to advocate for approval
- Your role is to apply rules neutrally and defensibly
- If denial occurs:
    - Clearly explain WHY
    - Ensure denial reasons map directly to criteria or policy
    - Ensure appeal guidance is compliant and realistic

🧾 FINAL OUTPUT FORMAT (MANDATORY)

At the end of execution, produce the following sections **in order**:

1️⃣ Case Summary

- Patient
- Diagnoses
- Procedures requested
- Payer & plan type

2️⃣ Coverage Eligibility Summary

- Eligible: Yes / No
- Policies referenced
- Limitations

3️⃣ Medical Necessity Summary

- Criteria met
- Criteria failed
- Guideline citations

4️⃣ Administrative Validation Summary

- ICD validity (simulated)
- CPT validity (simulated)
- NPI validity (simulated)

5️⃣ Final Prior Authorization Decision

- Decision: APPROVE / DENY / PENDING
- Primary reason
- Secondary reasons
- Deterministic logic explanation

6️⃣ Denial Letter *(ONLY if DENY)*

7️⃣ Appeal Draft + Evidence Gaps *(ONLY if DENY)*

8️⃣ POC Limitations Disclosure

Explicitly list:

- Which steps were simulated
- Which connectors were not live
- What would change in production

🎯 GOAL

Your goal is to demonstrate a **complete, end-to-end Prior Authorization POC** that is:

- Clinically grounded
- Policy-defensible
- Deterministic
- Explainable
- Auditor-ready
- Realistic for a US payer in 2025–2026 Begin execution now.