

HEALTHCARE FACILITY

INSURANCE AUTHORIZATION POLICY

Policy Number: OP-002
Effective Date: January 1, 2024

1. PRE-AUTHORIZATION REQUIREMENTS

- All specialist referrals require pre-authorization
- Diagnostic imaging (MRI, CT, PET) requires prior approval
- Surgical procedures require authorization 5-7 business days in advance
- Durable medical equipment requires pre-approval

2. AUTHORIZATION PROCESS

- Submit authorization request within 24 hours of scheduling
- Include complete clinical documentation
- Follow up on pending authorizations within 48 hours
- Document authorization numbers in patient record

3. CLAIM DENIAL PROCEDURES

- Review denial reason within 24 hours
- File appeals within 30 days of denial
- Provide additional documentation as requested
- Notify patient of denial and appeal process