

# Prior Authorization Basics

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- Ask your provider whether prior authorization is required before scheduling services.
- Request the CPT/HCPCS code and diagnosis code if you need to verify requirements.
- Document: date, time, representative name/ID, and reference number for calls.
- If denied, request the reason in writing and ask about appeal timelines.
- Ensure supporting clinical notes and imaging are submitted when applicable.
- Follow up until you have a clear approval/denial determination.

*Educational resource. Not legal or tax advice. Plan availability varies.*