

# Prior Authorization Checklist

Date prepared:

Imaging Study Pre-Authorization Workflow

Complete every section before submitting to payer. Check the box when each item is verified.

<b>PATIENT NAME</b> <input type="text"/>	<b>DATE OF BIRTH</b> <input type="text"/>	<b>MRN / MEMBER ID</b> <input type="text"/>
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## CHECKLIST

ITEM / DETAILS	NOTES
<input type="checkbox"/> <b>Patient Info</b> Full name, DOB, insurance member ID, group # verified	<input type="text"/>
<input type="checkbox"/> <b>Insurance Details</b> Payer name, policy #, prior auth requirements confirmed (call payer if needed)	<input type="text"/>
<input type="checkbox"/> <b>Ordering Provider</b> Physician name, NPI, contact info, practice address	<input type="text"/>
<input type="checkbox"/> <b>Exam Details</b> Exact study type (e.g., MRI brain w/ contrast), CPT codes, ICD-10 codes	<input type="text"/>
<input type="checkbox"/> <b>Medical Necessity</b> Diagnosis/suspected condition; why this scan (symptoms, failed treatments, prior imaging); how it changes care plan	<input type="text"/>
<input type="checkbox"/> <b>Urgency</b> Routine / Urgent / Emergent (note reason)	<input type="text"/>
<input type="checkbox"/> <b>Supporting Docs</b> Attach: Recent notes, labs, prior scans, failed conservative treatments	<input type="text"/>
<input type="checkbox"/> <b>Auth Status</b> Auth # obtained; effective dates; expiration checked (valid through scan date?)	<input type="text"/>
<input type="checkbox"/> <b>Team Sign-Off</b> Scheduler: Date: _ Authorizer: Date: _	<input type="text"/>

Tip: Click any checkbox to mark complete. Click in a notes field to type. Save the PDF to preserve entries.