

# Steps given to minimize burden of prior authorizations

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(HealthDay)—Prior authorizations are a time-consuming part of work, but the process can be simplified, according to an article published online Oct. 10 in *Medical Economics*.

Obtaining prior authorization is a time-consuming process, which poses a measureable burden on physician and staff time, but steps can be taken to minimize the associated hassle and expense.

According to the report, to reduce the time and [financial burden](#) associated with prior authorizations, practices should go through payer websites, which generally elicit a quicker response, rather than the

telephone. Practices should consider dropping a payer if their [reimbursement rates](#) don't justify the time spent obtaining authorizations. In a multi-site practice, specific individuals with access to patient records and provider notes from throughout the practice should be designated to handle prior authorizations. Before ordering a high-cost procedure, providers should make sure they are following recommended treatment guidelines. Patients should always be started on the generic form of a medication, if one is available, unless contraindicated. Finally, before submitting a prior authorization request, providers should make sure they have met all of the payer's criteria.

Prior authorization is "one of the many hassles we have to deal with, but it's kind of in the background except when things heat up for one reason or another," Yul Ejnes, M.D., former president of the American College of Physicians Board of Regents, told *Medical Economics*.

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