RisenFynix / MVA Simplified

Prior Authorization Tracker

Healthcare VA Learning Hub | Learn US Healthcare Admin One Workflow at a Time.

Resource type	Tracker
Who it is for	Prior Authorization VAs, Medical VAs, front-end RCM learners, schedulers, and billing beginners.
When to use it	Use when practicing authorization requirement checks, submission follow-up, status tracking, and next-action documentation.
How to use it	Use the XLSX tracker for editable practice and the PDF version for printable workflow study. Use fictional data only.
Last reviewed	July 2026

Core learning rule: Where does this happen? Why does it matter? What happens if it is wrong?

Authorization may be required before service, but approval is not a payment guarantee. Claim details must still match payer and client requirements.

Purpose

Use this printable tracker to practice prior authorization follow-up discipline without entering PHI. The editable XLSX version includes dropdowns and an Instructions tab.

Printable tracker columns

Column	What to record with fictional data
Fictional case ID	Use a made-up internal practice ID such as FIC-PA-001.
Service category	Office visit, imaging, therapy, procedure, medication, DME, or other fictional category.
Payer / plan	Fictional payer or general plan type only.
Auth required?	Yes, No, Unknown, or Verify.
Status	Not Started, Submitted, Pending, Approved, Denied/Not Approved, Escalated, Not Required.
Reference/auth number	Fictional placeholder only. Do not use real payer numbers.
Valid dates / units	Practice only; match requested service details.
Next follow-up date	When the learner should check again.
Notes	Use professional, concise, non-PHI practice notes.

Fictional example row

Case ID	Service	Payer	Status	Next action
FIC-PA-001	Physical therapy evaluation	Fictional Commercial PPO	Checking Requirement	Verify benefit category and auth requirement before scheduled visit.

Common beginner mistakes

- Entering real member IDs, auth numbers, or patient details into a practice tracker.

- Tracking approval status without service, provider, location, date, unit, or visit detail.

- Assuming authorization approval guarantees payment.
- Failing to set a next follow-up date or escalation note.

Safe practice reminder

Practice with fictional examples only. Do not copy real work queues, payer portals, clinic notes, employer SOPs, screenshots, patient accounts, or client information into any practice file.

No-PHI reminder

Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

Educational disclaimer

This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

Source/review note

This beginner resource explains general front-end RCM workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, referral rules, authorization rules, and current policy. Verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

Recommended next step

Next, pair this tracker with the Prior Authorization Workflow Infographic and practice one fictional case from intake to final next action.