

Prior Authorization Workflow Infographic

A beginner-friendly workflow for checking, submitting, tracking, documenting, and escalating PA work safely.

TYPE	Infographic
WHO	Prior Authorization VAs, Medical VAs, front-end RCM learners, and billing beginners.
WHEN	Use when practicing a prior authorization workflow from trigger identification to next action.
HOW	Follow the workflow cards and track fictional cases in the Prior Authorization Tracker.

Workflow stage: Front-End RCM - prior authorization prevention and tracking

- 1. Identify trigger**
Check service, payer, plan, provider, location, place of service, diagnosis/service clue, and date.
- 2. Gather details**
Collect only approved information needed for the request through client systems.
- 3. Verify route**
Use payer portal, form, phone, EHR queue, or client SOP to confirm how to proceed.
- 4. Submit/route**
Submit or route according to role permission. Do not guess missing data.
- 5. Track status**
Pending, approved, denied/not approved, more info needed, or not required.
- 6. Document proof**
Record source, reference, status, valid dates, units/visits, and next follow-up.
- 7. Match later**
Auth details must match provider, service, date range, units, and location used for billing.
- 8. Escalate**
Escalate unclear, urgent, mismatched, or denied/not approved cases.

COMMON MISTAKE AVOIDED
Avoid assuming authorization approval means the claim will definitely be paid.

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. Last reviewed: July 2026.