

Prior Authorization

What is Prior Authorization?

Your health insurance plan may require “prior authorization” before the insurance company agrees to cover (or pay for) certain medical services or equipment. **Prior authorization** means approval by an insurance company for the patient to receive medical products, tests or surgical procedures *before* they are given. Prior authorization is a way that insurance companies ensure that the prescribed treatment is medically necessary. In other words, the insurance company does not want to pay for medical equipment or services that are not really needed. Through the prior authorization process they can learn more about the patient’s health condition and why the equipment or service is needed before they decide whether to reimburse for it. They decide this based on information that your healthcare provider gives to them.

How do you know if your insurance company requires prior authorization?

Call the Member Services Department phone number on your insurance card and ask. If you talk with a customer service representative who seems unsure, ask to speak to a supervisor or to be connected with the “Pre-certification Department.”

The prior authorization process can vary depending upon what your insurance plan requires. For some insurance plans, your doctor or lactation consultant may have to call or send a special letter called a “Statement of Medical Necessity” or “Letter of Medical Necessity.” (See sample provided.) In other words, this call or letter is sometimes needed in addition to a written prescription for a breast pump. It often helps to also include a Letter of Medical Necessity from your baby’s physician or your lactation consultant indicating why he/she has prescribed the equipment and services for you.

When you call your insurance company about prior authorization, here are important questions to ask:

- Does my plan require prior authorization for coverage of this particular service or product? *(For example, Does my plan require prior authorization for a manual or electric breast pump? Do I have to get prior approval for my appointment to see a lactation consultant?)*
- How do I get prior authorization for something? What is the process?
- What is the fax number or address to which I will send the request (or phone number to call)?
- What information do I need to send? (What paperwork or proof do they need?)
- How long will it take to hear if it is approved? *(If they say they are “not sure,” ask “How long does it **usually** take?”)*
- If prior authorization is approved, how long is it good for or when will the approval time “expire?” *(e.g., How many lactation consultant visits can be approved? Is the approval for any breast pump or is there a specific type of breast pump I must get—manual/electric?)*
- How will I find out whether or not it has been approved?