

How to Navigate the Prior Authorization Process

A Guide for Vision Patients & Providers



VISION HEALTH
ADVOCACY COALITION

The Harm of Prior Authorization

Vision patients deserve high-quality care tailored to their individual needs.

But sometimes, patients and providers face obstacles that make it unnecessarily difficult to access the right treatment for their vision condition. One prominent barrier is prior authorization.

Prior authorization is a utilization management tactic – a process used by insurers to minimize health care costs. Insurers will require providers to submit a prior authorization request before the insurer covers a prescribed treatment.

What Can Patients & Providers Do?

Throughout the process, patients and providers should pay attention to a treatment's specific prior authorization requirements. Patients and providers should also work together to make their voice heard by staying up to date on treatment guidelines and making sure that all submitted information is correct.



What Can Patients & Providers Do When Faced with an Insurance Denial?

In some cases, prior authorization results in an insurance denial. Patients and providers have the right to appeal these denials.



1 Work with the Insurance Company to Resolve

- Ask the insurance company why the prior authorization was denied and inquire about the appeals process.
- Request an external review of the insurance company's final decision if the prior authorization continues to be denied. See [this state list](#) maintained by the HHS's Center for Consumer Information & Insurance Oversight to learn more.



2 File an Official Complaint with the State

- If your insurance company continues to deny access to treatment necessary for your vision health, you have the right to submit an official insurance complaint with your state. Filing an insurance complaint is different in every state; [click here](#) to find your state specific website. Generally, you should be prepared to provide the following information:
 - Name and contact information of person filing the complaint, and other parties involved with the complaint;
 - Insurance information (including company name, policy number, claim number, amount in dispute and dates);
 - Documentation from any interaction with the insurance company as it relates to the claim;
 - What you consider to be a fair resolution.



3 Share a Copy of Your Complaint

- The Vision Health Advocacy Coalition is tracking complaints related to care and treatment denials in vision health. This helps VHAC follow up on systematic vision health access challenges. Sharing your story will help other patients get access to treatments. Please email a copy of your complaint to Kimberly Serota at kserota@allianceforpatientaccess.org.

