Prior authorization—sometimes called precertification or prior approval—is a health plan cost-control process by which physicians and other health care providers must obtain advance approval from a health plan before a specific service is delivered to the patient to qualify for payment coverage.

The AMA believes that the overall volume of medical services and drugs requiring prior authorization should be greatly reduced.

When it is used, prior authorization should utilize a standardized, automated process to minimize the burden placed upon both physicians and health plans.

As part of its ongoing prior authorization reform initiatives, the AMA offers various reform resources, as well as research and reports, to help minimize the current impact of prior authorization on practices.

**Electronic prior authorization videos**

Learn how electronic prior authorization (ePA) technology that integrates with practices’ current electronic prescribing workflows can improve the drug prior authorization process. Physicians can register to receive 0.25 credits of *AMA PRA Category 1 Credit™* for viewing these informational videos.

Get additional insight and guidance by watching the AMA’s 3-part ePA video series:

The Prior Authorization Burden

Simplifying Prior Authorization
Prior authorization tip guide

The prior authorization tip guide (PDF) is designed to help practices minimize the burdens caused by prior authorization and increase the efficiency of the process.