

Prior Authorization Workflow Enhancement With AI

Reducing manual chart review and speeding creation of medical-necessity letters for prior authorization

- **Primary Challenge:** Staff must identify the ordered procedure, review payer requirements, search through large volumes of chart notes, and assemble the documentation needed for submission.
- **What AI Does:** Reads patient notes and the medical-necessity criteria to draft the justification letter automatically, currently running daily for new requests from Epic Scheduling work queues.
- **Who Benefits:** Prior authorization, scheduling, and revenue cycle teams managing high-volume, documentation-heavy requests.
- **Why It Matters:** Turns a complex manual process that often takes 30 minutes to hours into a fast, repeatable workflow measured in seconds.

THE WORKFLOW TODAY

- Completing a single prior authorization can require extensive note review, payer-policy lookups, and manual assembly of supporting documentation.
- Even for trained staff, one authorization may take at least 30 minutes and sometimes several hours, especially when justification is scattered across the chart.

HOW THE AI SOLUTION HELPS

- The AI pipeline reviews the chart, applies the medical-necessity criteria, and drafts a justification letter in about 15 seconds per case.
- In the current workflow, the draft reports near-100% accuracy and supports consistent daily processing of new authorization requests.
- The same architecture can be adapted for other documentation-heavy workflows and surfaced to users in different ways depending on team needs.

Operational Impact: Estimated 30 minutes saved per prior authorization, a 70%+ reduction in policy-maintenance overhead, and \$1.78M in recovery opportunity across target codes.

Payer/Procedure-Specific Medical Necessity Documents

Medical Necessity Evaluation Prompt

Batch AI Process

6 Months of Patient Notes Associated With a Referral/Order

Case-Specific Medical Necessity Determination

WHERE THIS PATTERN COULD GO NEXT

- Other prior authorization categories with repetitive medical-necessity documentation requirements.
- Appeals, intake, and utilization-management workflows where staff need to synthesize chart evidence into a standardized narrative.