# Prior Authorization Submission Standards

Timely submission of prior authorization requests can reduce delays in care, improve patient satisfaction, and minimize avoidable inbound status update calls to your office. To ensure high-quality care, the Quality Department at Regal/Lakeside/ADOC requests that each office review and adhere to the standards below.

| Description | Standard |
|---|---|
| Urgent Services | Provider offices should submit complete prior authorization requests to the medical group (with relevant clinical attachments) **within 24 hours** of the patient encounter.<br>*Please include the provider's direct number for questions or care coordination.* |
| Routine Services | Provider offices should submit complete prior authorization requests to the medical group (with relevant clinical attachments) **within 7 calendar days** of the patient encounter. |

** The online portal is the most efficient and preferred submission method.

**Best Practices to improve the referral process, quality of specialty request, and member experience:**

1. Provide complete medical records, including relevant progress notes, lab tests and imaging studies related to the requested services.
2. For services that require prior authorization, submit the request while member is still in office. Many services auto-approve, allowing the patient to leave your encounter with an approved authorization in hand.
3. Use online portals for referrals and tracking status of authorizations.
4. Educate patients on the prior authorization process.
5. Expedite the appointment process by calling consultants directly for timely services.

By following these best practices, you can ensure a smooth and efficient process for your patients and shorten the time from a referral decision to appointment date. It can lead to better patient care and outcomes.

Thank you in advance for your partnership,

Dr. Nirav Shah
*Quality Improvement Medical Director*