

Insurance verification and pre-authorization

This workflow automatically verifies patient insurance coverage and obtains pre-authorizations for dermatological procedures, reducing administrative delays and ensuring treatment approval before appointments.

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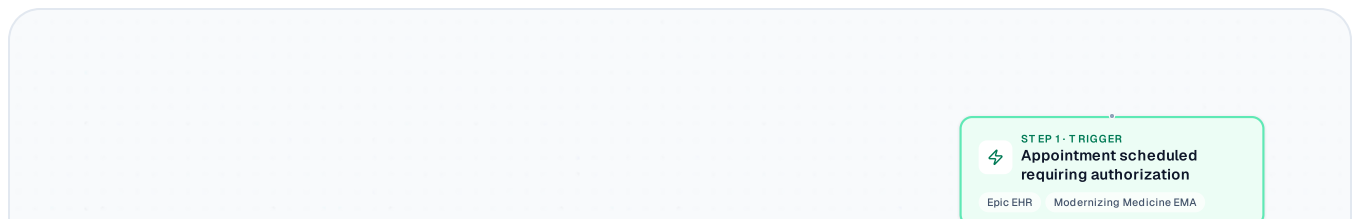
WORKFLOW TRIGGER

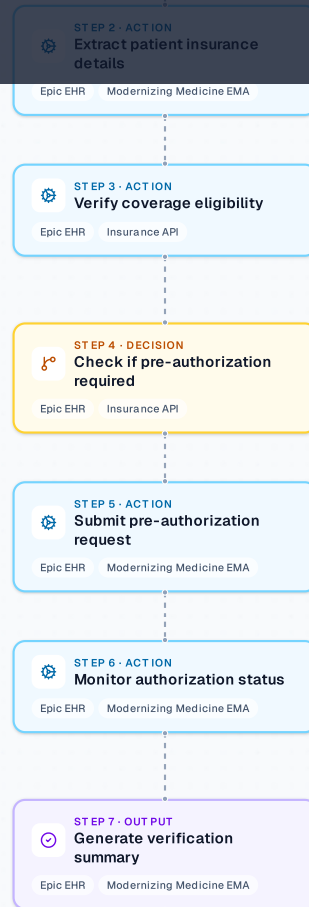


Patient schedules appointment for dermatological procedure requiring pre-authorization

Visual Flow

Each node represents an automated step. Connections show how data and decisions move through the workflow.





Step-by-Step Breakdown

Detailed explanation of each automated stage in the workflow.

1

⚡ TRIGGER

Appointment scheduled requiring authorization

Patient books appointment for procedure like Mohs surgery, laser treatment, or biopsy that requires insurance pre-authorization. System

automatically detects authorization requirement based on CPT codes.

AI Business OS

Epic EHR

Modernizing Medicine EMA

2

 ACTION

Extract patient insurance details

System pulls patient insurance information, policy numbers, and coverage details from EHR. Validates current insurance card on file and coverage effective dates.

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 ACTION

Verify coverage eligibility

Automated eligibility check confirms active coverage, deductible status, and specific dermatology benefits. System queries insurance provider databases in real-time.

Epic EHR

Insurance API

4

 DECISION

Check if pre-authorization required

System determines if specific procedure requires pre-authorization based on insurance plan requirements and procedure codes. Routes to appropriate next step based on authorization needs.

Epic EHR

Insurance API

5

 ACTION

Submit pre-authorization request

Automatically generates and submits pre-authorization request with patient demographics, diagnosis codes, procedure details, and supporting clinical documentation. Tracks submission status.

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 ACTION

Monitor authorization status

System periodically checks authorization status and updates patient record. Sends automated reminders to staff for pending authorizations approaching deadline.

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7

 OUTPUT

Generate verification summary

Creates comprehensive report with insurance verification results, pre-authorization status, patient financial responsibility, and any required follow-up actions for clinical staff.

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Outputs

- Insurance verification confirmation

- Pre-authorization approval/denial status

AI Business OS



Key Metrics

- Pre-authorization approval rate
- Average verification processing time
- Claim denial reduction percentage



Tools & Integrations

- Epic EHR
- Modernizing Medicine EMA
- Insurance API

AI Business OS

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