Physicians Are Frustrated With Preauthorization

BY SCOTT STEINKE

More than two-thirds of physicians reported that they have had to wait several days for insurers to conduct prior authorization reviews for tests, procedures, and prescription drugs, and about the same proportion have had difficulty tracking which of these therapeutics are subject to review requirements, according to a national survey of physicians released by the American Medical Association.

Although physicians are frequently said to be frustrated by insurers' review requirements, this is the AMA's first national survey to measure physicians' experiences. The survey of 2,400 practitioners was conducted in May.

Nearly all physicians would like to eliminate impediments caused by preauthorization requirements, with 78% saying it is "very important" and an additional 17% saying it is "important" for insurers to eliminate preauthorization hassles.

Among the findings were the following:

- More than half (58%) of physicians experienced difficulty with obtaining approval from insurers on a quarter or more of preauthorization requests.
- 57% experienced a 20% rejection rate on first-time preauthorization requests.
- Just under 40% reported appealing 80% or more of insurer rejections on first-time preauthorization requests.

Physicians spend about 20 hr/wk dealing just with preauthorizations, according to the survey. Many (75%) expressed a desire for plans to implement an automated preauthorization process. ■

Scott Steinke is with "The Pink Sheet." This newspaper and "The Pink Sheet" are published by Elsevier.