



<https://phoenixvirtualstaff.com.ph/job/authorization-specialist/>

## Authorization Specialist

### Description

The Authorization Specialist manages and processes authorization requests for medical services in accordance with insurance and managed care criteria. This function is responsible for obtaining proper service approvals, facilitating communication between healthcare providers and payers, and processing authorization requests in a timely and accurate manner. The specialist is also responsible for collaborating with multiple departments to ensure that patients receive necessary medical care while adhering to rules and payment requirements.

### Responsibilities

- Review and process authorization requests for medical services, ensuring they meet payer guidelines and regulatory standards.
- Verify patient eligibility and benefits, ensuring that services requiring authorization are approved before the service date.
- Coordinate with physicians, healthcare providers, and insurance companies to obtain necessary approvals and authorizations.
- Accurately document authorization requests, approvals, and denials in the appropriate systems following organizational and payer protocols.
- Ensure compliance with insurance policies, payer guidelines, and organizational procedures.
- Maintain up-to-date knowledge of healthcare regulations, including ICD-10 and CPT coding, to ensure proper coding for authorization requests.
- Communicate effectively with internal teams, such as clinical staff and billing departments, to ensure proper coordination of care and services.
- Serve as a liaison between healthcare providers and insurance companies, addressing issues related to authorization requests and claims.
- Provide clear communication to patients regarding the status of authorization requests and assist in resolving any related issues.
- Use managed care software systems and MS Office applications (especially Word and Excel) to track and manage authorization requests and approvals.
- Generate reports related to authorization processing, including denials, approvals, and pending requests, to support operational efficiency.
- Stay informed about industry trends, payer requirements, and regulatory changes to improve authorization processes.

### Hiring organization

Phoenix Virtual Solutions

### Employment Type

Full-time

### Date posted

September 17, 2024

- Participate in training and development programs to enhance skills related to managed care, authorization processes, and coding practices.
- Be open to accepting new challenges and tasks as they arise.

### **Qualifications**

- Excellent communication and interpersonal skills.
- Three (3) years of experience with Prior Authorization.
- Proficiency with MS Office applications, especially Word and Excel.
- Experience with managed care software systems.
- Experience and/or training in ICD-10 and CPT coding is preferred.
- Knowledge of medical office procedures.
- Skill in operating a computer.
- Skill in answering the telephone in a pleasant and helpful manner.
- Ability to work under pressure and still maintain accuracy.