



# What Does Prior Authorization Mean?

Considerations for New Medicare Enrollees  
Traditional Medicare Vs. Medicare Advantage

# Prior Authorization Requirements For Medicare Advantage

- Compared to Traditional Medicare, most Medicare Advantage plans require prior authorization for care to be covered
  - Diagnostic tests
  - Consultation with Specialists
  - Procedures
  - Surgeries
  - Hospital Stays
  - Rehabilitation
  - Post Acute Care

It can take days to weeks for plans to authorize access to services, especially specialized care

Urgent health care needs may be delayed

Prior authorization may require multiple visits due to unforeseen needs or lack of prior authorization

Continual authorization of hospital or post acute stays can create uncertainty for your inpatient care

# How Can Prior Authorization Impact My Care?

**According to a 2023 survey by the Nebraska Hospital Association, 92% of Nebraska Hospitals report that prior authorization requirements by Medicare Advantage plans delay necessary care.**

If You Have Questions,  
Speak With Your  
Healthcare Provider

