Coverage Request Training & Job Aid

Anonymized learning-content portfolio excerpt

This is an anonymized and adapted portfolio sample created to demonstrate professional writing capabilities. Employer, client, employee, system, contact, member, metric, and proprietary operational details have been removed or generalized. The sample is not intended for use as a current operating procedure.

Learning Objectives

By the end of this learning module, representatives should be able to:

- Define a pre-service coverage request in plain language.
- Recognize when a caller's question may require a formal coverage review.
- Gather and document the information needed to support a complete request.
- Complete the required request form accurately and route it to the appropriate review team.

What Is a Pre-Service Coverage Request?

A pre-service coverage request asks the organization to approve or deny coverage for an item or service before it is provided. The request is reviewed by the designated clinical or authorization team.

Common examples

- A referral or authorization request
- Coverage for approved medical equipment
- A request to receive care at a particular facility

Requests that follow a different process

- Medication-formulary exceptions
- Requests involving services already received and paid for
- Requests outside the scope of pre-service review

Recognize When to Offer the Process

- The caller asks whether a specific item or service can be covered.
- The caller believes an item or service is medically necessary for their situation.
- The caller requests a formal decision after discussing available options.
- Do not submit a duplicate request when an equivalent review is already open or was recently completed. Follow current verification guidance before proceeding.

Information-Gathering Checklist

- Date and time of contact
- Customer and caller identification

- Caller relationship and authorization status
- Reliable callback information
- Clear description of the requested item or service
- Reason for the request and relevant supporting context
- Requesting professional or facility contact information
- Whether the service has already been provided
- Requested or planned start date
- Any required supporting documentation

Complete and Route the Request

- Review the form for required fields before ending the interaction.
- Use the caller's own words when documenting the reason for the request.
- Separate confirmed facts from assumptions or interpretation.
- Save the completed form in the approved location and route it through the current workflow.
- Document the interaction and explain the next step using approved language.

Quick Quality Check

- Is the request within the scope of this process?
- Is the caller authorized or has the appropriate consent been obtained?
- Are all required fields complete?
- Is the requested item or service described clearly?
- Can the review team act without returning the request for missing information?

Competencies Demonstrated

- Learning-objective development
- Complex-content simplification
- Decision support and job-aid writing
- Procedural training for regulated environments
- Performance-focused quality checks