

Why A Referral and A Prior Authorization Isn't the Same Thing

Both may be required before you receive care, but they serve different purposes.

A **referral** usually comes from a healthcare provider. It directs you to another provider—often a specialist—for evaluation or treatment. Some insurance plans require referrals before they will cover certain specialist visits.

A **prior authorization** is different. It is a review by your insurance company before certain medications, tests, procedures, or services will be covered under your plan.

Your healthcare provider usually submits the prior authorization request, but your insurer makes the decision.

Having one does not necessarily mean you have the other.

For example, your primary care provider may refer you to a specialist, but the specialist may still need prior authorization from your insurer before performing a particular test or procedure.

What you can do

Before scheduling care, ask:

- Do I need a referral?
- Do I need prior authorization?
- Do I need both?
- Who is responsible for submitting each one?
- If authorization is required, has it actually been approved?

The bottom line

A referral helps direct your care. Prior authorization determines whether your insurer has approved certain care under your plan. One does not automatically replace the other.

Need help making sense of what comes next?

SurePath Health helps you understand the system, prepare for next steps, and move forward with greater clarity and confidence.