

## § 170.315(g)(33) Provider prior authorization API – prior authorization support

### Test Procedure

This Test Procedure illustrates the test steps required to certify a Health IT Module to this criterion. Please consult the most recent ASTP/ONC Final Rule on the [Certification Regulations page](#) for a detailed description of the certification criterion with which these testing steps are associated. ASTP/ONC also encourages developers to consult the Certification Companion Guide in tandem with the test procedure as it provides clarifications that may be useful for product development and testing.

**Note:** The tests step order does not necessarily prescribe the order in which the tests should take place.

### Revision History

Version #	Description of Change	Version Date
1.0	Initial publication	9/5/2025

### Regulation Text

*(g)(33) Provider prior authorization API – prior authorization support.*

Support the following capabilities to enable users to submit prior authorization requests.

- (i) Prior authorization submission. Support submitting a prior authorization request as a client in accordance with at least one of the implementation specifications in § 170.215(j)(3) including the following:
  - (A) *Registration*. Support registration capabilities applicable to a client system.
  - (B) *Authentication and authorization*. Support system authentication and authorization as a client in accordance with the “Backend Services” section of at least one of the versions of the implementation specification adopted in § 170.215(c).
  - (C) *Prior authorization transactions*. Support the ability to submit a prior authorization request as a client system including the following:
    - (1) Support the capabilities in the “EHR PAS Capabilities” Capability Statement.
    - (2) Support the ability to consume and process a “ClaimResponse.”
    - (3) Support subscriptions as a client according to the requirements in paragraph (j)(21) of this section in order to support “pending authorization responses.”
- (ii) Documentation. Supported subscriptions client endpoint capabilities for the “REST-Hook” channel from implementation specifications adopted in § 170.215(j)(3) must include complete accompanying technical documentation.

## Standard(s) Referenced

### Paragraph (g)(33)(i)

§ 170.215(j)(3)(i) [HL7 FHIR® Da Vinci Prior Authorization Support \(PAS\) FHIR Implementation Guide, Version 2.0.1—STU 2](#)

§ 170.215(c)(1) [HL7 FHIR® SMART Application Launch Framework Implementation Guide Release 1.0.0](#)

§ 170.215(c)(2) [HL7 FHIR® IG: SMART Application Launch Framework, v2.0.0](#)

See standards referenced at § 170.315(j)(21)

### Paragraph (g)(33)(ii)

§ 170.215(j)(3)(i) [HL7 FHIR® Da Vinci Prior Authorization Support \(PAS\) FHIR Implementation Guide: Version 2.0.1—STU 2](#)

## Required Tests

### Paragraph (g)(33)(i) Prior authorization submission

System Under Test	Test Lab Verification
<p>The health IT developer demonstrates the Health IT Module supports the following capabilities as a client system in accordance with an implementation specification at § 170.215(j)(3) and the requirements in the § 170.315(j)(21) criterion:</p> <ol style="list-style-type: none"> <li>PAS-1: Registration with a server system (e.g., payer system) to enable authentication, authorization, and FHIR operations as described in the “EHR PAS Capabilities Capability Statement.”</li> <li>PAS-2: Authentication and authorization as a client with a server system using “Backend Services” in accordance with an implementation specification at § 170.215(c).</li> <li>PAS-3: Submit a new prior authorization claim request to a server system using the “\$submit” operation.</li> <li>PAS-4: Support the following using the “\$submit” operation for a claim request previously submitted to a server system: <ul style="list-style-type: none"> <li>Cancel an entire claim request.</li> <li>Cancel an item within a claim request.</li> <li>Revise an item within a claim request.</li> <li>Add an additional item or supporting documentation to a claim request.</li> </ul> </li> <li>PAS-5: Manage claim request subscriptions to a server system including the ability to create, update, and delete subscriptions.</li> </ol>	<p>The tester verifies the Health IT Module supports the following capabilities as a client system in accordance with an implementation specification at § 170.215(j)(3) and the requirements in the § 170.315(j)(21) criterion:</p> <ol style="list-style-type: none"> <li>PAS-1: Registration with a server system (e.g., payer system) to enable authentication, authorization, and FHIR operations as described in the “EHR PAS Capabilities Capability Statement.”</li> <li>PAS-2: Authentication and authorization as a client with a server system using “Backend Services” in accordance with an implementation specification at § 170.215(c).</li> <li>PAS-3: Submit a new prior authorization claim request to a server system using the “\$submit” operation.</li> <li>PAS-4: Support the following using the “\$submit” operation for a claim request previously submitted to a server system: <ul style="list-style-type: none"> <li>Cancel an entire claim request.</li> <li>Cancel an item within a claim request.</li> <li>Revise an item within a claim request.</li> <li>Add an additional item or supporting documentation to a claim request.</li> </ul> </li> <li>PAS-5: Manage claim request subscriptions to a server system including the ability to create, update, and delete subscriptions.</li> <li>PAS-6: Consume claim request subscription notifications from a server system.</li> </ol>

System Under Test	Test Lab Verification
6. PAS-6: Consume claim request subscription notifications from a server system. 7. PAS-7: Check the status of a claim request previously submitted to a server system using the “\$inquire” operation.	7. PAS-7: Check the status of a claim request previously submitted to a server system using the “\$inquire” operation.

## Paragraph (g)(33)(ii) Documentation

System Under Test	Test Lab Verification
1. API-DOC-1: The health IT developer supplies complete accompanying technical documentation for supported API server capabilities of client systems from an implementation specification adopted in § 170.215(j)(3). Such documentation should include as applicable: <ul style="list-style-type: none"> <li>• API syntax;</li> <li>• Function names;</li> <li>• Required and optional parameters supported and their data types;</li> <li>• Return variables and their types/structures;</li> <li>• Exceptions and exception handling methods and their returns;</li> <li>• Mandatory software components;</li> <li>• Mandatory software configurations; and</li> <li>• All technical requirements and attributes necessary for registration.</li> </ul> 2. API-DOC-2: The health IT developer demonstrates the documentation described in step API-DOC-1 is available via a publicly accessible hyperlink that does not require preconditions nor additional steps to access.	1. API-DOC-1: The tester verifies the documentation supplied by the health IT developer completely describes the API server capabilities of client systems from an implementation specification adopted in § 170.215(j)(3) and includes the following as applicable: <ul style="list-style-type: none"> <li>• API syntax;</li> <li>• Function names;</li> <li>• Required and optional parameters supported and their data types;</li> <li>• Return variables and their types/structures;</li> <li>• Exceptions and exception handling methods and their returns;</li> <li>• Mandatory software components;</li> <li>• Mandatory software configurations; and</li> <li>• All technical requirements and attributes necessary for registration.</li> </ul> 2. API-DOC-2: The tester verifies the documentation described in step API-DOC-1 is available via a publicly accessible hyperlink that does not require preconditions nor additional steps to access.

## Testing Tool

Inferno Framework (link to be provided at a later date)

Test Tool Documentation (link to be provided at a later date)