Authorizations Overview (BETA)

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Authorizations Overview

The Authorization screens are some of the longest-standing screens in the system, having kept the same look for over 15 years. The redesigned Authorization workflow modernizes these screens for usability and performance while keeping their core purpose: documenting, tracking, and assigning prior authorizations and referrals so claims and appointments validate correctly.

Where to find it: The Authorization screens can be opened from the Patient Setup screen, iScheduler, or the Claim screen.

Screens in this workflow

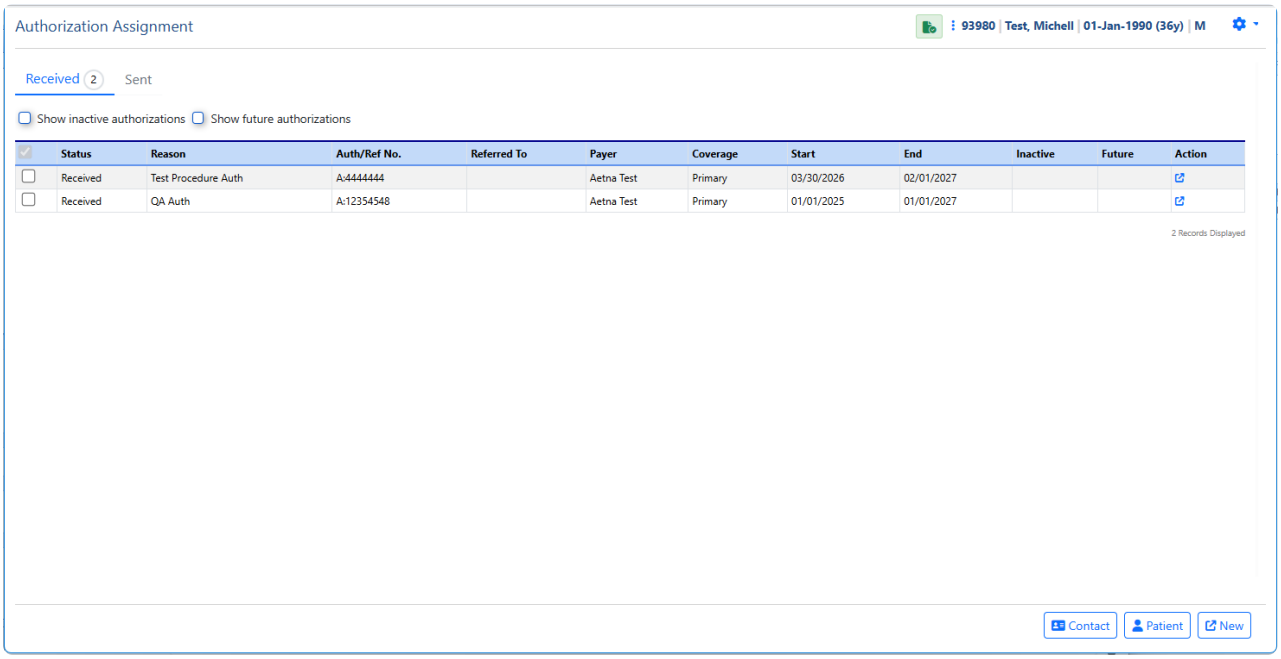
The redesigned workflow spans three screens:

- **Authorization Assignment** — view a patient's authorizations and assign one to an appointment or claim. See Assign an Authorization to an Appointment or Claim.
- **Patient Authorization** — document and track an authorization or referral for a patient. See Add an Authorization.
- **Authorization Search** — search all authorizations, or find appointments and claims with missing or invalid authorizations. See Search for Authorizations.

Automatic prompt in iScheduler

If an appointment is scheduled using an appointment type that requires an authorization and one isn't already on file, the Authorization Assignment screen opens automatically so you can assign or add one before continuing. See Assign an Authorization to an Appointment or Claim.
These prompts are controlled by the Authorization rules. See Authorization Setup for details on the Authorization rules

Authorization Assignment



The Authorization Assignment screen is organized into two tabs:

- **Received** — tracks authorizations/referrals that have been received for the patient.
- **Sent** — tracks authorizations/referrals that have been sent for the patient.

Below the tabs, two checkboxes filter the list:

- **Show Inactive Authorizations** — shows only inactive authorizations.
- **Show Future Authorizations** — shows only future authorizations.

*By default, only active and future authorizations are displayed.

Each tab contain the following columns:

- **Checkbox** — select an authorization to assign it to the appointment or claim (behaves like a radio button).
- **Status** — the authorization's status.
- **Reason** — the authorization's reason.
- **#** — the authorization number, prefixed with A or R based on the authorization's Type.
- **Referred To** — the referring provider on the authorization.
- **Payer** — the insurance selected on the authorization.
- **Coverage** — the coverage of that insurance.
- **Start / End** — the authorization's effective start and end dates.
- **Inactive** — flag denoting that the authorization is inactive.
- **Future** — flag denoting that the authorization is a future authorization.
- **Actions** — View Details opens the authorization; Delete removes it.

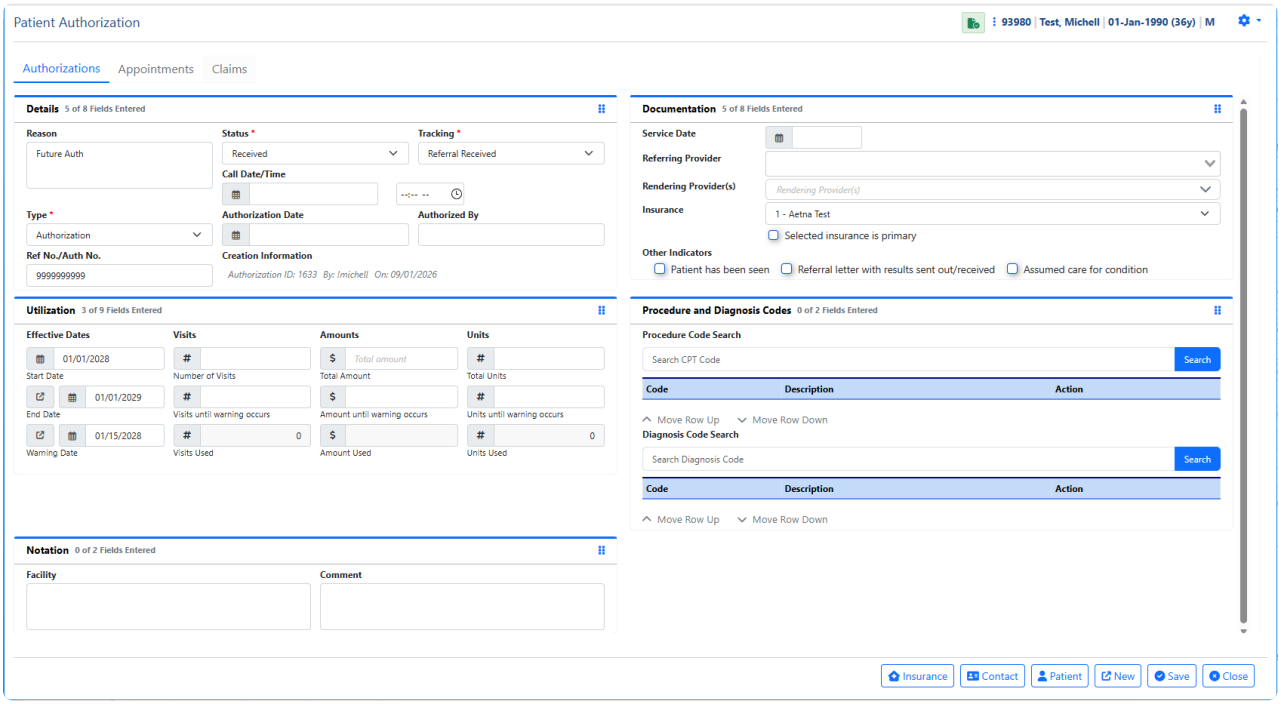
Bottom buttons

- **Contact** — opens a quick patient info screen with Patient Name, DOB, Age, Chart #, Address, City/State/Zip, Home/Work/Other phone numbers, Email, and the Primary, Secondary, and Tertiary insurance names and member IDs.
- **Patient** — opens the Patient Demographics screen.
- **New** — opens a blank Patient Authorization entry. See Add an Authorization.

Gear menu

- **Authorization Rules** — provides a menu selection of Authorization Rules. See Authorization Setup for details on the Authorization rules.

Patient Authorization



The **Patient Authorization** tab is broken into five sections:

Details

- **Reason** — free-text field for what the authorization is for.
- **Status** — Needs Review, Received, Auth Not Required, or External PA. Defaults to Received.
- **Tracking** — Referral Received or Referral Sent, depending on whether the authorization is for or from the practice. Defaults to Referral Received.
- **Type** — Authorization or Referral. Defaults to Authorization.
- **Auth Date** — the date the authorization or referral was acquired.
- **Ref # / Auth #** — the number provided for the referral or authorization.
- **Auth by** — the rep who provided the authorization.
- **Created / Created By** — the date, time, and user who created the authorization.
- **Call Date** — logs the time of the call, with an AM/PM selector.

Documentation

- **Service Date** — the date of service the authorization applies to.
- **Referring** — search field for the referring provider (all providers in the database).
- **Rendering** — multi-select search field for the rendering provider(s); the search only includes providers flagged as rendering. Selecting a provider here means the authorization can only be assigned to a claim where that provider is the rendering provider.

- **Indicators** — checkboxes for "Patient has been seen," "Referral letter with results sent out/received," and "Care for condition was assumed."
- **Insurance** — the payer the authorization applies to, from a list of active payers with payer name and coverage.
- **Selected insurance is Primary** — when checked, the selected insurance is listed as primary on any claim the authorization is assigned to.

Utilization

Fill in only the section that matches how the authorization was issued:

- **Effective Dates** — for authorizations issued over a date range. Includes Start Date, End Date (or a day-count calculator that fills End Date from Start Date), and a Warning Date for when warnings should start.
- **Visits** — for authorizations issued for a number of visits. Includes # Visits, Used (auto-tracked from linked claims), and a warning threshold after X visits.
- **Amount** — for authorizations issued for a dollar amount. Includes Amount, Used (auto-tracked from linked claims), and a warning threshold after $X.
- **Units** — for authorizations issued for a number of units. Includes # Units, Used (auto-tracked from linked claims), and a warning threshold after X units.

Procedure/DX

- **Procedure** — search and add the specific procedure codes the authorization applies to. Codes can be reordered or removed; the display shows the code and description.
- **Diagnosis** — search and add the specific diagnosis codes the authorization applies to. Codes can be reordered or removed; the display shows the code and description.

Notation

- **Facility** — free-text field for the service facility.
- **Comment** — free-text field for internal notes on the authorization.

Gear menu 

- **Audit** — opens the audit history for the authorization.
- **Authorization Rules** — provides a menu selection of Authorization Rules. See Authorization Setup for details on the Authorization rules.