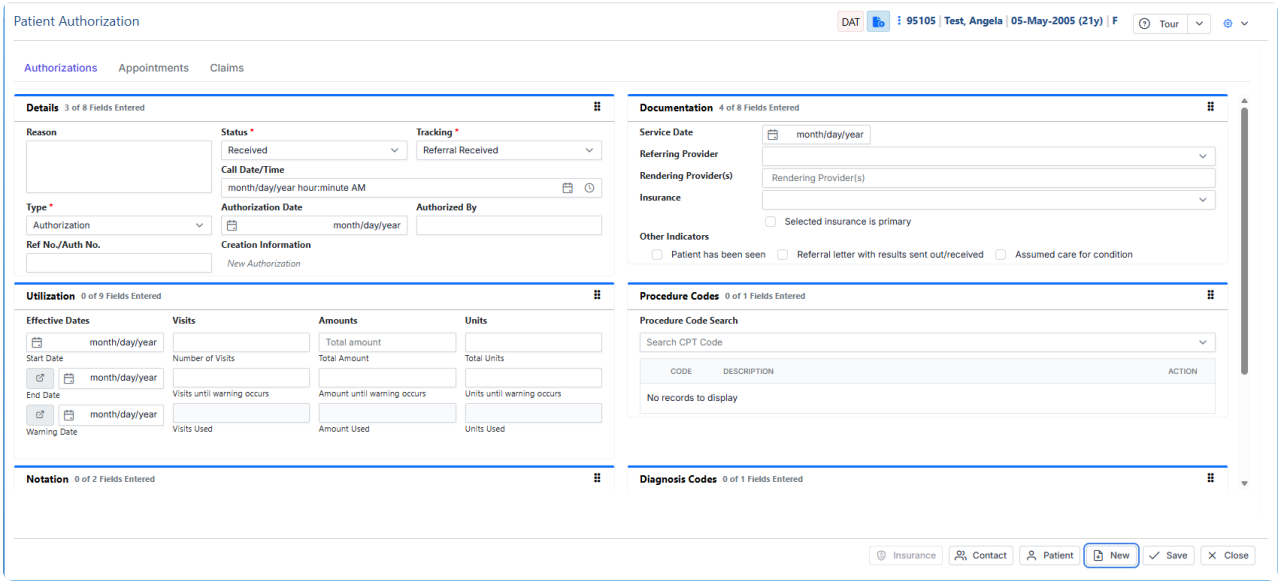
Add an Authorization (BETA)

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This article covers documenting a new authorization or referral on the redesigned Patient Authorization screen. For an overview of the whole workflow, see Authorizations (BETA).

Where to find it: Open the Patient Authorization screen from the Patient Setup screen, iScheduler, or the Claim screen, then click New.

How to add an authorization



1. From the Patient Authorization screen, click **New** to open a blank authorization.
2. In the **Details** section, enter the Reason, Status, Tracking, Type, Auth Date, Ref # / Auth #, and Auth by. Status defaults to Received, Tracking defaults to Referral Received, and Type defaults to Authorization — update any of these as needed.
3. In the **Documentation** section, enter the Service Date, Referring provider, and Rendering provider(s), select the Insurance the authorization applies to, and check any Indicators that apply. Check **Selected insurance is Primary** if the authorization should be listed as primary on any claim it's assigned to.
4. In the **Utilization** section, fill in only the subsection that matches how the authorization was issued — **Effective Dates**, **Visits**, **Amounts**, or **Units** — including the warning threshold for each.
5. In the **Procedure/DX** section, search for and add any specific procedure or diagnosis codes the authorization applies to.
6. In the **Notation** section you can notate the service Facility and any internal Comment.
7. Click **Save**.

Tracking used visits, amounts, and units: The Used field in the Utilization section updates automatically based on the claims linked to the authorization.

Once an authorization is saved, it becomes available to link to appointments and claims. See Assign an Authorization to an Appointment or Claim.