Authorization Setup

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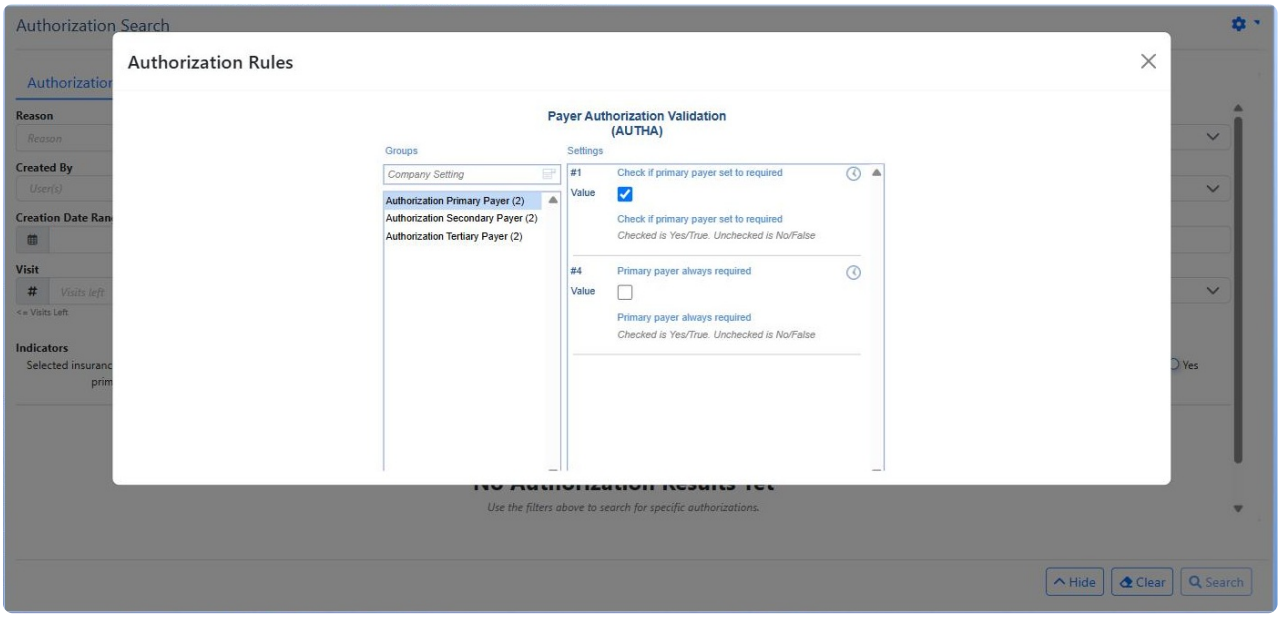
Authorization Setup controls how OfficeEMR validates, warns on, and calculates insurance authorizations across appointments, claims, and the patient chart. These settings determine whether an authorization is required before a visit is scheduled, checked in, or billed, and how the system warns staff when one is missing, expiring, or out of visits/units.

Where to find it: From the Billing portal, open Insurance > Authorizations (Beta), then click the gear icon in the upper right corner of the Authorization Search screen. This opens the Authorization Rules window, which is organized into five rule categories:

- Payer Authorization Rules
- Appointment Authorization Rules
- Insurance Authorization Rules
- Authorization Warning Rules
- Authorization Calculations Rules

Payer Authorization Rules

Purpose: Payer Authorization Rules (window title: Payer Authorization Validation) control whether the system checks for a required authorization based on which insurance level (Primary, Secondary, or Tertiary) is billing, and whether an authorization is always required for that level regardless of the payer's own setting.



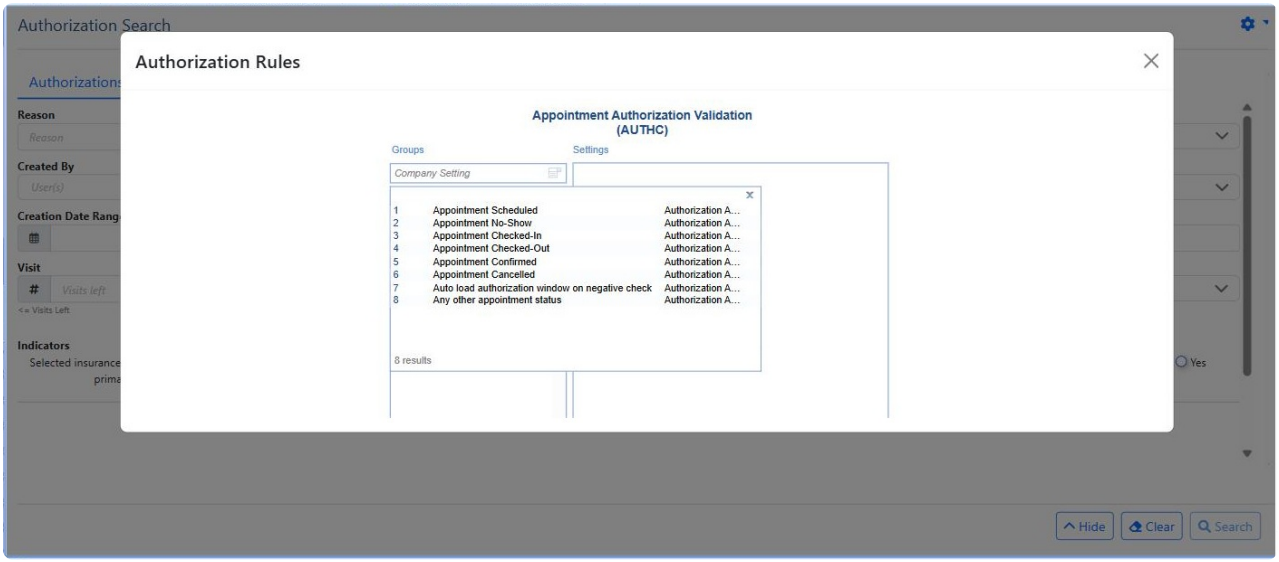
Groups and Settings: Authorization Primary Payer, Authorization Secondary Payer, and Authorization Tertiary Payer each contain two matching settings:

- Check if [level] payer set to required — when enabled, the system checks whether the payer on this insurance level is flagged as requiring authorization, and validates accordingly.
- [Level] payer always required — when enabled, an authorization is always required for this insurance level,

regardless of the payer's individual setting.

Appointment Authorization Rules

Purpose: Appointment Authorization Rules control when the system checks for a valid authorization during the appointment lifecycle, and whether the Authorization window automatically opens when a check comes back negative.

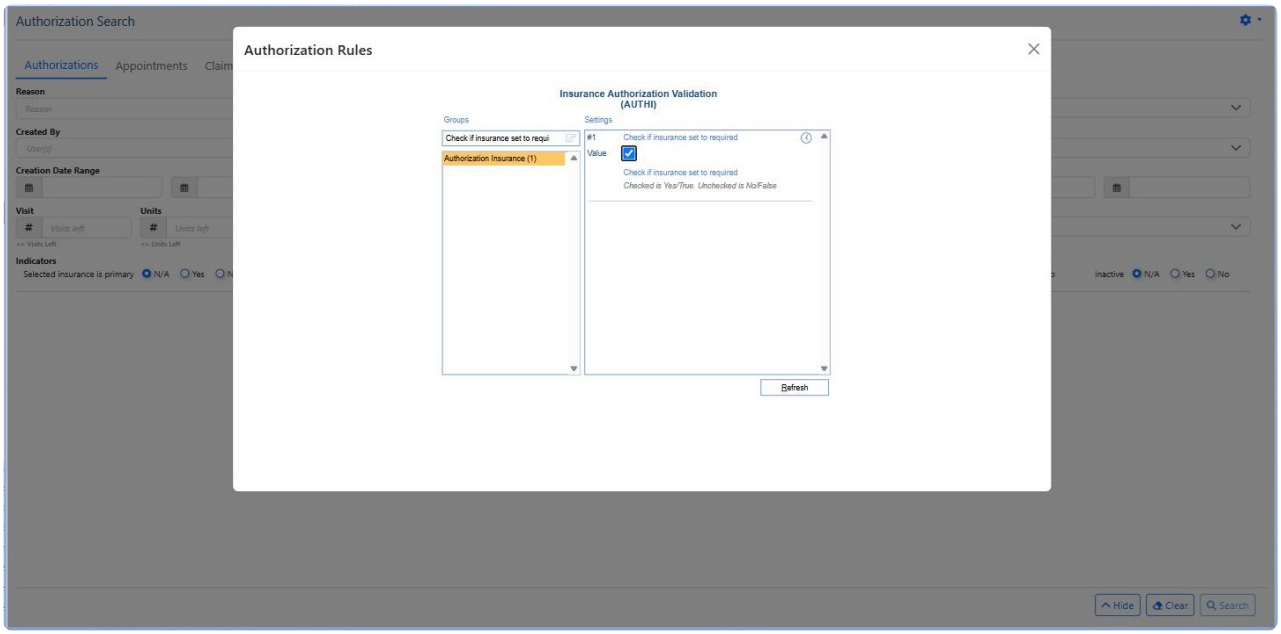


Groups and Settings:

- Authorization Appointment Auto Load
  - Auto load authorization window on negative check — automatically opens the Authorization window if the check fails.
- Authorization Appointment Status
  - Appointment Scheduled — checks for a valid authorization when the appointment is scheduled.
  - Appointment No-Show — checks for a valid authorization when the appointment is marked as a no-show.
  - Appointment Checked-In — checks for a valid authorization when the patient is checked in.
  - Appointment Checked-Out — checks for a valid authorization when the patient is checked out.
  - Appointment Confirmed — checks for a valid authorization when the appointment is confirmed.
  - Appointment Cancelled — checks for a valid authorization when the appointment is cancelled.
  - Any other appointment status — extends the check to appointment statuses not otherwise listed.

Insurance Authorization Rules

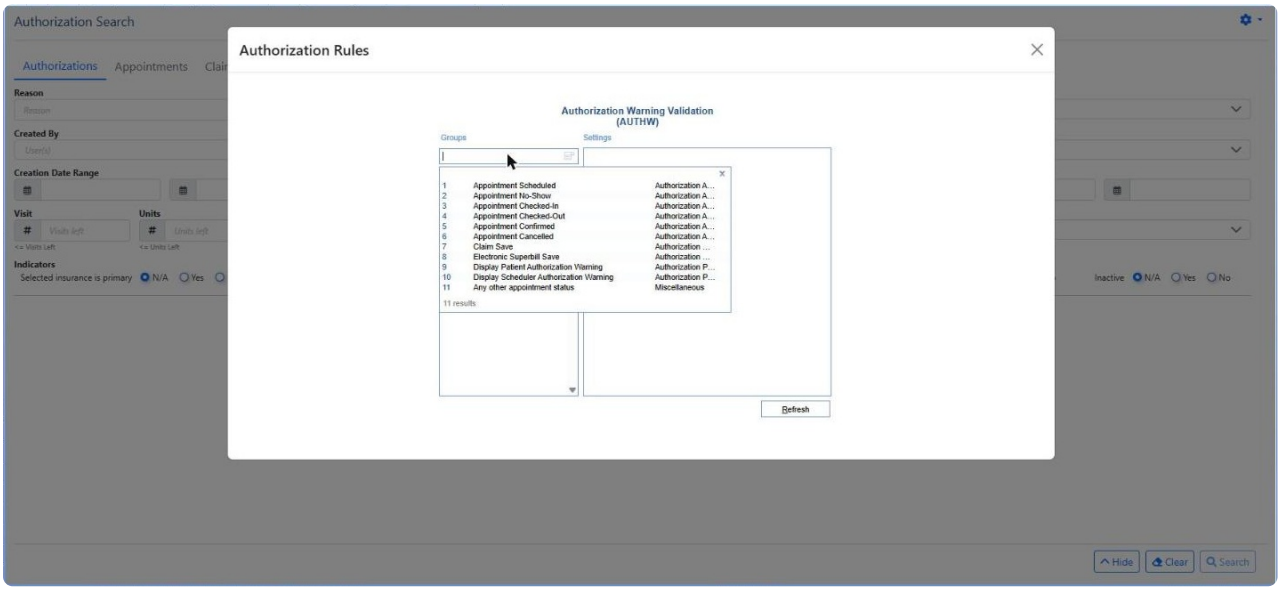
Purpose: Insurance Authorization Rules control whether the system checks for a required authorization at the insurance level, independent of appointment or payer-specific rules.



Groups and Settings: Check if insurance set to required — when enabled, the system checks whether the insurance on file is flagged as requiring an authorization.

Authorization Warning Rules

Purpose: Authorization Warning Rules control when and where staff are warned about expiring authorizations; when working in the scheduler, during claim save, or when opening the patient chart.



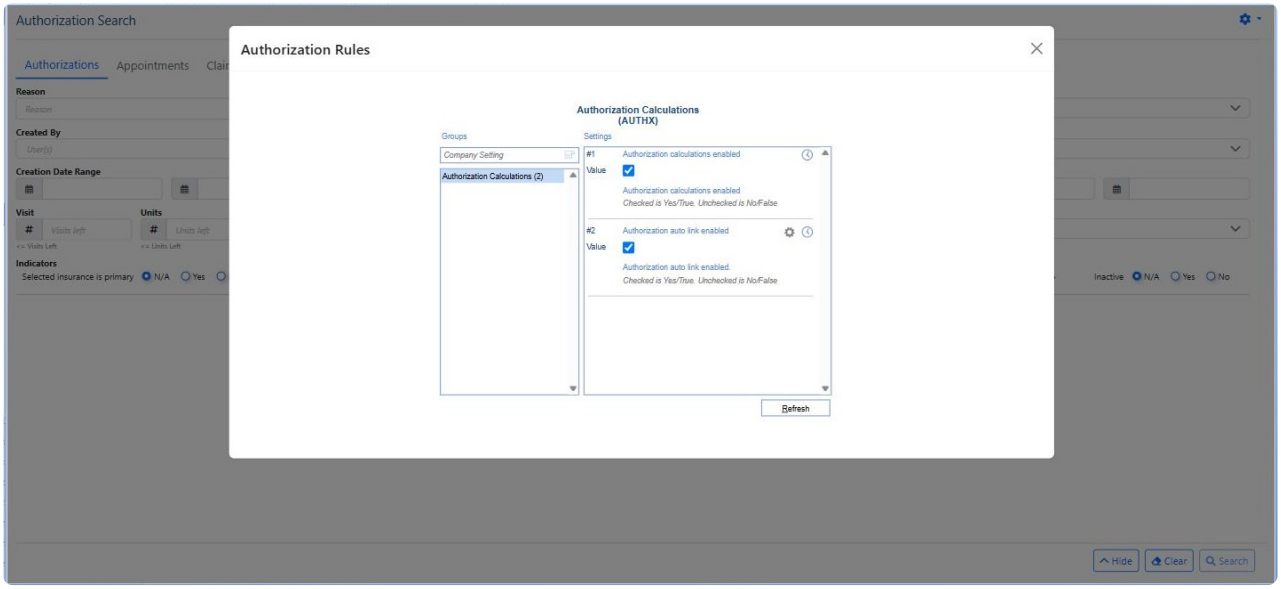
Groups and Settings:

- Miscellaneous
  - Any other appointment status — extends the warning to appointment statuses not otherwise covered.
- Authorization Appointment Status
  - Appointment Scheduled / No-Show / Checked-In / Checked-Out / Confirmed / Cancelled — the same six appointment-status triggers used in Appointment Authorization Rules, but raising a warning rather than a hard validation.
- Authorization Claim Save

    - Claim Save — if enabled, authorization warnings pop up when a claim is saved.
    - Electronic Superbill Save — if enabled, authorization warnings pop up when an electronic superbill is saved.
- Authorization Patient
    - Display Patient Authorization Warning — if enabled, authorization warnings pop up when the patient window opens.
    - Display Scheduler Authorization Warning — if enabled, authorization warnings pop up when a patient is selected within the iScheduler.

Authorization Calculations Rules

Purpose: Authorization Calculations Rules control whether the system calculates authorization usage (visits/units remaining), and whether appointments and claims are automatically linked to an existing authorization.



Groups and Settings:

- Authorization calculations — when enabled, turns on system calculation of remaining authorization visits, units, or dollar amounts.
- Authorization auto link — when enabled, appointments and claims are automatically linked to a matching authorization on file. See Authorization Auto Link Logic.