

Enter an Authorization Number

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When a payer has issued an authorization number for specific services, the information can be entered directly into the patient's account. This ensures that the authorization details are automatically populated on the appropriate claim form—whether utilizing the CMS-1500 (formerly HCFA-1500) or UB-04 format—streamlining the billing process and reducing the risk of claim denials due to missing authorization information. This workflow enhances efficiency while maintaining compliance with payer requirements and facilitating accurate claims submission.

1. In a patient's chart, select the Demographics tab and then **Authorizations**.

Demographics

✓ Sufficient patient demographics to bill insurance.

Demographics

Insurances

Authorizations

Patient Flags

Payments

2. Select **Add New Authorization**.

Insurance Authorizations

→

+ Add New Authorization

Authorization #	Status	Procedure Codes	Start Date	End Date	Specialty	Visits Approved	Visits Remaining	Notes	
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3. Fill in all of the information you have available, including the authorization number, effective dates, and any notes that you may want to include.

New Authorization

Authorization number

Start date

End date

(End date and/or number of visits must be provided)

Number of visits

(End date and/or number of visits must be provided)

Specialty

(optional)

Notes

Pending


☐





(optional: Pending authorization will not be applied to claim)

Procedure codes



(optional)

Create

4. You can add additional information by returning to the **Authorizations** section of the patient's chart and selecting .

Insurance Authorizations									+ Add New Authorization	
Authorization #	Status	Procedure Codes	Start Date	End Date	Specialty	Visits Approved	Visits Remaining	Notes		
123456	Active	00400	10/30/2024	10/31/2025		8.0	8.0			
488385839	Active	29450	10/01/2023	10/31/2024		5.0	5.0			

5. Any authorizations entered and listed as active (and not checked as "pending") will automatically print on either the CMS-1500 form or UB04 when the date of service on the claim matches the start/end date or procedure code listed.
6. If you are billing on a UB04, the authorization number can also be entered on the patient's claim by going to **Billing > Live Claims Feed > Inside the patient's claim > right side of the screen > Insurance** tab.

Info	Cond & Occ	Value Code	Insurance	Attending
Primary Insurer	<input type="text"/>		UB04 box 50a	
Plan ID	<input type="text"/>		UB04 box 51a	
Release Info	<input type="text" value="v"/>		UB04 box 52a	
AOB	<input type="text" value="v"/>		UB04 box 53a	
Subscriber	<input type="text"/>		<input type="text" value="Insured ID"/>	UB04 box 58a, 60a
Ins Group	<input type="text" value="Group Name"/>		<input type="text" value="Group No."/>	UB04 box 61a - 62a
 Payer pre-auth #	<input type="text" value="↓"/>		UB04 box 63a	
Secondary Insurer	<input type="text"/>		UB04 box 50b	
Plan ID	<input type="text"/>		UB04 box 51b	
Release Info	<input type="text" value="v"/>		UB04 box 52b	
AOB	<input type="text" value="v"/>		UB04 box 53b	
Subscriber	<input type="text" value="Fullname"/>		<input type="text" value="Insured ID"/>	UB04 box 58b, 60b
Ins Group	<input type="text" value="Group Name"/>		<input type="text" value="Group No."/>	UB04 box 61b - 62b
 Payer pre-auth #	<input type="text"/>		UB04 box 63b	



As an authorization nears expiration—either due to the approved number of visits being used or the end date approaching—a warning label will appear on the patient’s account to alert you in advance.