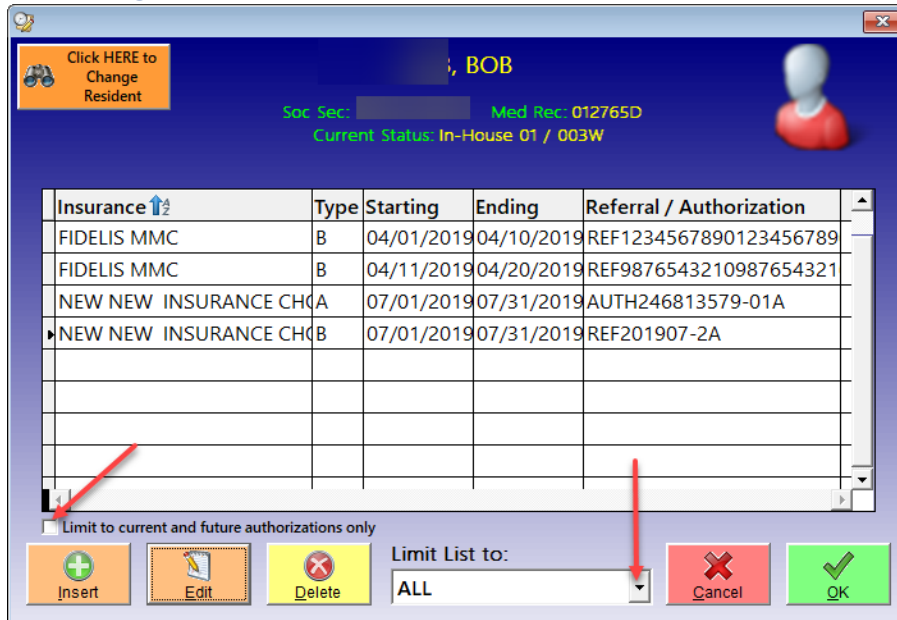


## Tracking Authorization/Referral Numbers

Many third-party insurances require an authorization or referral number to be submitted on the claims. These numbers may be good for an entire stay or they may need to be renewed every week to ten days. Requirements can vary widely from one insurance to the next. You will need to understand the requirements for each of the insurance companies you deal with.

### Billing – Pre-Billing – Prior Auth/Referral



The initial screen will list all history of authorizations and referrals for the resident. The first column shows the name of the INSURANCE. If you click the blue AZ at the end of the insurance label, the insurances will reorder in alpha.

The TYPE column will show A for AUTHORIZATIONS and B for REFERRALS.

Above the INSERT button in the lower left is a tick box that will allow you to limit the list to only those that are current or dated into the future. To filter, click to place a check into the box. To turn off the filter, click again to remove the check.

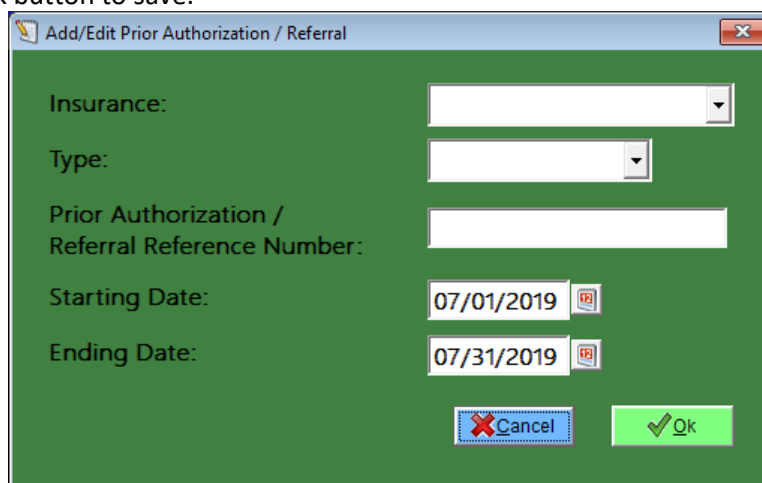
Another filter option exists in the bottom center of the window. It is called LIMIT LIST TO. Use the drop down to select a specific insurance for the resident. If you want to see all authorization/referral information for an insurance, leave the current/future tick box unchecked. If you are looking for a specific current or future authorization, you may use both the tick box and the limit list options to quickly locate what you are searching for.

If you have a very long auth/referral number, you can click the vertical line right of the column called REFERRAL/AUTHORIZATION and drag it to the right. This will expand that column and a scroll bar will appear at the bottom of the grid. This will allow you to see the full number.

## Create an Authorization or Referral Record

Press the INSERT button at the bottom of the window. Another window will open where you can enter all information for the referral.

1. Use the drop down to select the INSURANCE. The list that displays will show all insurances associated with the resident you have chosen.
2. Use the drop down to select the TYPE – either authorization or referral. Those designated as authorization will appear on the UB-04 in the field called PRIOR AUTHORIZATION. Those designated as referral will appear on the UB-04 field called REFERRAL. You will find both on the INSURANCE tab and then SUBSCRIBER INFO for the individual insurance.
3. Enter the PRIOR AUTHORIZATION or REFERRAL REFERENCE NUMBER.
4. Finally, enter the START and END dates for the period covered by this authorization/referral.
5. Click the OK button to save.



## Edit an Existing Record

From the list of auth/referrals for your resident, select the one you wish to edit. Once highlighted, press the EDIT button. Make the changes you need and then click OK to save.

## Delete an Existing Record

Highlight the auth/referral that you wish to delete from the history for the resident. Once highlighted, press the DELETE button. You will be asked to confirm. Answer as appropriate.

## Using the Auth/Referral Records

When you create a claim (UB-04) for an insurance, the system will review your history for the resident and if the dates of service fall within a date range for an authorization or referral for this insurance for this resident, it will put the information into the corresponding field on the UB.

Below is an illustration. From the list of auth/referrals for Bob (shown above), you can see that there is a both an authorization and a referral for the period 7/1 – 7/31/2019 for the insurance New New

Insurance. These are the last two in the grid. When we create the UB for New New Insurance for the period 7/1 through 7/31, the system will search through the list for the resident. When it finds the references that are valid during this billing period, it will automatically complete the corresponding fields on the UB, as below.

The screenshot shows a software window titled "New New Insurance Choice Claim for" with a date range "TOB: 213 from 07/01/2019 through 07/31/2019". The window has several tabs: "Demographics", "Various Codes", "Claim Detail", "Insurance" (highlighted with a red circle), "Diag/Proc/Phys", and "Remarks/FL 81".

On the left side, there are three vertical labels: "Tertiary Payor", "Secondary Payor", and "Primary Payor".

The main form area is divided into sections: "Payer Info", "Subscriber Info" (highlighted with a red circle), and "Coordination of Benefits".

The "Subscriber Info" section contains the following fields:

- Relationship: 18
- Last/Organization Name: [Redacted]
- First Name: BOB
- Middle Name: [Redacted]
- Country/Admin Subdivision (non-US only): 1234
- Sex: F
- DOB: 01/01/1920
- Insured ID: ABD45678
- Asgn. Benefits: Y
- Release Info: Y
- Prior Authorization: AUTH246813579-01A (circled in red)
- Referral: REF201907-2A (circled in red)
- Doc Ctrl No: [Redacted]

At the bottom of the window, there are four buttons: "Previous", "Next", "Finish", and "Cancel".