



## Auth Segments & Rate Schedules

## Overview

**Auth Segments:** Purpose is to allow for a single auth with multiple service codes that need to be tracked independently

Previously if a single authorization had multiple service codes authorized with different limits the service codes were attached at the patient payer level and their authorization limits could not be tracked separately

- Service Codes are now attached to a segment within an auth and not the patient payer
- All authorizations require one segment to attach service codes to
- All segments within a single auth will be billed together
- All segments within a single auth have their specific auth limits tracked independently in the calendar

**Rate Schedules:** Update made to payer rate schedule to allow for specific rate discount types (\$ or %) at both the payer and individual service code level

Previously a discount was limited to % and only at the payer and patient payer level not the individual service code level

- Discount may now be applied to a single service code for ops – payer or single patient
- Discount may be set to be \$ or %
- Impact of discount shown on page with Rate & Expected Values
- Service Code Report Added to Billing Reports

# Patient Financial Payer(s)

- Patient payer(s) are now displayed as cards; one payer per card
- To edit a payer click the pencil icon on payer name line
- To edit an auth click the pencil icon on the auth number line
- If an active payer has no active auths it will appear as Aetna does below

ProfileContactsChartCalendarNotesFinancial

Claire Aabbas

Payers

Medicaid Payer

Insured ID Number878968697

Calendar DefaultYes

Authorization Number675758

StatusAuthorized

Service Type(s)PDN

Start Date04/01/2021

End Date06/30/2021

Billing CodesLVN-Medicaid, RN-Medicaid, RN-Medicaid-Respite, LVN-Medicaid-Respite

Aetna

Insured ID NumberAET12987

Calendar DefaultNo

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## Adding a new Payer to Patient Financial

**Payer:** Select Payers being added for patient

**Hide In Workflow:** Will not show auth in workflow

**Hide In Calendar:** Will disallow payer from being available in calendar

**Patient Relationship:** defaults to Self

**Informed Code, Assign of Benefits, Type of Facility, Freq of Bill, Patient Status:** -Select- indicated claims will default to the ops – payer settings; may be overridden

**MD not Required:** If checked claim will pass scrub without attached MD

**Diagnosis not Required:** If checked claim will pass scrub without Diagnosis Code

**Accident:** Defaults to No, Yes prompts accident filing fields

**Insured ID Number:** Required

**Group Number:** Optional

**Add Disposition:** If checked prompted fields to indicate disposition payer details

### Release 2.7.0 Update

**Service Codes are no longer selected at the payer level; previous codes are now attached directly to patient auth segment**

Payer Details	
<b>Payer</b>	-- Select --
<b>Hide In WorkFlow</b>	<input type="checkbox"/>
<b>Hide In Calendar</b>	<input type="checkbox"/>
<b>Force Waystar Rejection</b>	<input type="checkbox"/>
<b>Patient Relationship</b>	Self
<b>Informed Code</b>	--Select--
<b>Assignment of Benefits</b>	--Select--
<b>Type of Facility</b>	--Select--
<b>Frequency of Bill</b>	--Select--
<b>Patient Status</b>	--Select--
<b>MD Not Required</b>	<input type="checkbox"/>
<b>Diagnosis Not Required</b>	<input type="checkbox"/>
<b>Is Patient's Condition Related to an Accident?</b>	No
<b>Insured ID Number</b>	
<b>Group Number</b>	
<b>Add Disposition</b>	<input type="checkbox"/>

## Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

### STEP 1: Add authorization & first segment details for Regular Hours

Status	Authorized			▼
Authorization Number	675758			
Start	04/01/2021	End	06/30/2021	
Re-Auth Date	05/31/2021	Ordering Physician	AMY ADAMS (C) ▼	
Description	Regular Hours			
Max Per	Weekly ▼	40	Hours ▼	
		Total Authorized	1080	
Service Type	PDN ▼			
Billing Codes	<input checked="" type="checkbox"/> LVN-Medicaid <input checked="" type="checkbox"/> RN-Medicaid			
Back	Save			

#### Diagnosis Codes

Diagnosis Code	Z931 Gastrostomy status	▼	+
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Enter all auth details (on left) and Diagnosis Code(s) (on right) and save

#### New with Release 2.7.0:

**Description:** This is an optional field; allows differentiating between auth segments. In this example we have labeled the first segment of the auth 'Regular Hours' to differentiate between this segment and the next one we will add for Respite Hours.

Note: Only include codes for the first auth segment, in this case the regular hours and not the respite.

After saving this we will add additional segments as needed. If all the codes on single auth have the same authorization limits only one segment is needed.

# Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

## STEP 2: Adding additional segment for Respite Hours

Status	Authorized			▼
Authorization Number	675758			
Start	04/01/2021	End	06/30/2021	
Re-Auth Date	05/31/2021	Ordering Physician	AMY ADAMS (C ▼	

Back

Save

Diagnosis Codes

Segments

Documents

Description	Frequency	Total	Billing Codes	+		
Regular Hours (PDN)	40 Hours/Week	1080	LVN-Medicaid, RN-Medicaid			\$

Now that the auth and it’s first segment (regular hours) has been added the second segment for Respite hours may be added

Click the + and enter all authorization details (next page shows final result)

Diagnosis Codes, Segment(s), Documents All live in their own tabs

Segments May be edited by clicking the pencil  
Segments May be deleted by clicking the trashcan  
Segment Service Code Rate Scheduled may viewed by Clicking \$ (this is limited by a permission)

Adding an Authorization & Segment(s)

Example Auth # 675758: Authorized for 40 hours/week Regular & 2 hours/week Respite

RESULT: A single auth has two segments; each segment has specific service codes which will be tracked independently in the calendar

Status	Authorized		
Authorization Number	675758		
Start	04/01/2021	End	06/30/2021
Re-Auth Date	05/31/2021	Ordering Physician	AMY ADAMS (C
Back		Save	

Diagnosis Codes		Segments		Documents	
Description	Frequency	Total	Billing Codes		
Regular Hours (PDN)	40 Hours/Week	1080	LVN-Medicaid, RN-Medicaid		
Respite Hours (PDN)	8 Hours/Month	96	RN-Medicaid-Respite, LVN-Medicaid-Re spite		

Diagnosis Codes, Segment(s), & Documents All live in their own tabs

- Segments May be edited by clicking the pencil
- Segments May be deleted by clicking the trashcan
- Segment Service Code Rate Schedule may viewed & edited by clicking \$ (this is limited by a permission)

Auth with Multiple Segments Calendar View

- Patient has one authorization but two auth segments
- Each segment shows the Service Type and Description (if description field utilized)
- Each segment is broken down in its own detail line for its unique limits

Name	Address	Phone	DOB	Gender	Weight	Skill(s)
Claire Aabbas	917 Sherwood Drive, Arlington, TX 76013	(817) 261-3916	12/31/2018	Female		PEDIATRIC, ODPS
Details	None					
Insurance	Auth Start	Auth End	Authorized	Used (Period)	Total Used	Total Auth
Medicaid Payer (PDN - Regular Hours)	4/1/2021	6/30/2021	40 hours Weekly	40 hours	40 hours	1080 hours
Medicaid Payer (PDN - Respite Hours)	4/1/2021	6/30/2021	8 hours Monthly	2 hours	2 hours	96 hours

Sun 5/2	Mon 5/3	Tue 5/4	Wed 5/5	Thu 5/6	Fri 5/7	Sat 5/8
	Smiles Akendung 07:00-17:00 (40) RN-Medicaid	Smiles Akendung 07:00-17:00 (40) RN-Medicaid	Smiles Akendung 07:00-17:00 (40) RN-Medicaid	Smiles Akendung 07:00-17:00 (40) RN-Medicaid		
				Smiles Akendung 17:00-19:00 (8) RN-Medicaid-Respite		



## Therapy Example 1: Auth with Multiple Segments







Patient has an auth with three segments (steps to add authorization and segments are identical to prior steps in nursing example)

- Evals 1 visit/month
- Routine Visit Code 92507 1 visit/week
- Routine Visit Code 92533 2 visits/week

Diagnosis Codes

Segments

Documents

Description	Frequency	Total	Billing Codes			
PT Evals (PT)	1 Visits/Month	2	PT-Evaluation, PT-Re-Eval			\$
92507 (PT)	1 Visits/Week	12	PT-92507-Routine			\$
92533 (PT)	2 Visits/Week	72	PT-92533-Routine			\$

Therapy Example 1: Calendar

- Patient has one authorization but three segments
- Each segment shows the Service Type and Description (if description field utilized)
- Each segment is broken down in its own detail line for its unique limits

Insurance	Auth Start	Auth End	Authorized	Used (Period)	Total Used	Total Auth
Cook SK & Respite (PT - PT Evals)	1/31/2021	8/12/2021	1 visits Monthly	0 visits	1 visits	2 visits
Cook SK & Respite (PT - 92507)	1/31/2021	8/12/2021	1 visits Weekly	1 visits	2 visits	12 visits
Cook SK & Respite (PT - 92533)	1/31/2021	8/12/2021	2 visits Weekly	2 visits	3 visits	72 visits

<

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today

select

May 2 — 8 2021

month

week

day

Sun 5/2	Mon 5/3	Tue 5/4	Wed 5/5	Thu 5/6	Fri 5/7	Sat 5/8
		<div><div>Tyler Adair 07:00-07:30 (2) PT-92507-Routine</div><div></div></div> <div><div>Tyler Adair 07:30-08:00 (2) PT-92533-Routine</div><div></div></div>		<div><div>Tyler Adair 07:00-07:30 (2) PT-92533-Routine</div><div></div></div>		

## Therapy Example 2: Auth with Multiple Segments







Patient has an auth with three segments:

- Evals 1 visit/month
- Routine Visit Code 92507 4 units/week
- Routine Visit Code 92533 8 units/week

Diagnosis Codes

Segments

Documents

Description	Frequency	Total	Billing Codes			
PT Evals (PT)	1 Visits/Month	2	PT-Evaluation, PT-Re-Eval			\$
92507 (PT)	4 Units/Week	12	PT-92507-Routine			\$
92533 (PT)	8 Units/Week	72	PT-92533-Routine			\$

## Therapy Example 2: Calendar

- In the calendar each segment of the authorization has its own detail line
- Each segment contains the description if included when the segment was added
- While there is only one authorization there are three segments and therefore 3 detail lines in the calendar

Insurance	Auth Start	Auth End	Authorized	Used (Period)	Total Used	Total Auth
Cook SK & Respite (PT - PT Evals)	1/31/2021	8/12/2021	1 visits Monthly	0 visits	1 visits	2 visits
Cook SK & Respite (PT - 92507)	1/31/2021	8/12/2021	4 units Weekly	2 units	3 units	12 units
Cook SK & Respite (PT - 92533)	1/31/2021	8/12/2021	8 units Weekly	4 units	6 units	72 units

<

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today

select

May 2 — 8 2021

month

week

day

Sun 5/2	Mon 5/3	Tue 5/4	Wed 5/5	Thu 5/6	Fri 5/7	Sat 5/8
		<div><div>Tyler Adair</div><div>07:00-07:30 (2)</div><div>PT-92507-Routine</div><div></div></div> <div><div>Tyler Adair</div><div>07:30-08:00 (2)</div><div>PT-92533-Routine</div><div></div></div>		<div><div>Tyler Adair</div><div>07:00-07:30 (2)</div><div>PT-92533-Routine</div><div></div></div>		

## Rate Schedules: Payer Level Discount













- Payer Level Discount is still set in the payer details which will automatically impact all service codes associated with the payer
- The Discount Type May be set to % percent or \$ dollars
- (All existing discounts were limited to % and have been converted to percent in the new drop down)
- For this example the payer is set to have a discount of 75% applied to all service code

<b>Active?</b>	<b>Active</b>	Inactive	<b>Evv Provider</b>	None	▼
<b>Evv State</b>	▼		<b>Pre-Auth Required Prior to Eval/Assess</b>		
<b>Payer Name</b>	Medicaid Payer		<b>Provider Number</b>	200800501	
<b>Benefit Code/Group</b>			<b>EDI Payer ID</b>	CCHP9	
<b>Insurance Type</b>	MC - Medicaid		<b>Web Link</b>		
<b>Discount Type</b>	--Select-- ✓ % \$		<b>Discount Amount</b>	75	

## Rate Schedules: Service Code Discounts

- The payer level discount setting will be applied to all added service codes
- The list of service codes now show the following:

Rate Type (per unit, per hour or per visit)  
Rate  
Discount Amount and Type  
Expected Rate

Code	Skill	Description	Modifiers	Revenue Code	Form Type	Rate Type	Rate	Discount	Expected		
T1000 PDN	LVN	LVN-Medicaid	LVN	552	PDN Shift	Per Unit	\$33.16	75%	\$8.29		
T1000 PDN	LVN	LVN-Medicaid-S	LVN,Specialty	552	PDN Shift	Per Unit	\$36.36	75%	\$9.09		
T1000 PDN	RN	RN-Medicaid	RN	552	PDN Shift	Per Unit	\$45.32	75%	\$11.33		
T1000 PDN	RN	RN-Medicaid-S	RN,Specialty	552	PDN Shift	Per Unit	\$52.12	75%	\$13.03		
H2015 Star Kids RN/LVN Respite	LVN	LVN-Respite-S	LVN,Specialty	552	PDN Shift	Per Unit	\$36.36	75%	\$9.09		
H2015 Star Kids RN/LVN Respite	RN	RN-Respite-S	RN,Specialty	552	PDN Shift	Per Unit	\$52.12	75%	\$13.03		

## Rate Schedules: Individual Service Code Discounts

- When editing an individual service code the current payer level discount will show in top right
- When a new code is added this is automatically applied and the calculated rate shows in the grid
- Unless user overrides the payer level discount and type these two fields may remain blank

To create or change a service code schedule:

- Enter an End date for the current service code
  - Click the plus (+) button to add new service code
  - Enter a new service code Start date and Rate
  - Dates cannot overlap, but must be continuous
- Current Payer Discount
  - 75%

Start	09/01/2019	End		Rate	33.16	Rate Type	Per Unit	▼
Discount		Discount Type	-- Select --	Expected	\$8.29			

## Rate Schedules: Individual Service Code Discounts

- When editing an individual service code the current payer level discount will show in top right
- To override an individual service code
  - select the discount type: % or \$
  - enter the discount value
- The expected rate will automatically calculate based on discount type and value
- In this example the payer level discount is 75% but this code has an override discount of 50%

To create or change a service code schedule:

- Enter an End date for the current service code
  - Click the plus (+) button to add new service code
  - Enter a new service code Start date and Rate
  - Dates cannot overlap, but must be continuous
- Current Payer Discount
  - 75%

Start	09/01/2019	End		Rate	33.16	Rate Type	Per Unit	▼
Discount	50	Discount Type	%	Expected	\$16.58			



# Rate Schedules: Individual Service Code Discount at Patient Auth Level

Individual service codes discounts may be set for a single code for a single patient directly from auth segments by clicking on the \$

Status	Authorized			▼
Authorization Number	675758			⌵
Start	04/01/2021	End	06/30/2021	
Re-Auth Date	05/31/2021	Ordering Physician	AMY ADAMS (Orc	▼

Diagnosis Codes

Segments

Documents

Description	Frequency	Total	Billing Codes			
Regular Hours (PDN)	40 Hours/Week	1080	LVN-Medicaid, RN-Medicaid			\$
Respite Hours (PDN)	8 Hours/Month	96	RN-Medicaid-Respite, LVN-Medicaid-Respite			\$

The service codes below show that the Ops – Payer – Service code discount is 75%  
The discounts have been overridden for this patient to be a discount of 50%  
Expected Rate auto-calculates based on discount type and value

## LVN-Regular Hours - Payer Discount 75%

Discount Type	%	▼	Discount Amount	50	Rate	40	Expected	\$20.00
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## RN-Regular Hours - Payer Discount 75%

Discount Type	%	▼	Discount Amount	50	Rate	50	Expected	\$25.00
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