Service authorizations (referrals, recommendations, and prescriptions) are required for Medi-Cal billing purposes and are used to assist with documenting the medical necessity of a particular service (or set of services). Because service authorizations require the review/approval of specific provider types, SHN makes use of a workflow to manage the creation and approval process. Depending on your credential/provider type, you are either a "creator" or "authorizer," and in some cases, both.

This handout can be used by creators and authorizers alike and provides information about:

- Creating an authorization request and responding to questions regarding your authorization request
- Reviewing authorization requests and either approving/rejecting the requests
- Viewing and printing a student's authorization(s)
- General questions and answers

In addition, you can access an online video tutorial by clicking here.

Introduction

Only those services that will potentially be billed to Medi-Cal require an authorization. Medi-Cal guidelines stipulate who can approve (sign) referrals, recommendations, and prescriptions. When generating an authorization request in SHN, it must be approved by another SHN user. The following table details who can approve authorizations in SHN for each service that requires it:

IEP/IFSP Assessments		Authorizers
Nursing	→	Registered, Credentialed School Nurse (RCSN)
Speech	→	Registered, Credentialed School Nurse (RCSN)
Psych/Mental Health	→	Licensed Psych, LCSW, LMFT, or RCSN
OT/PT	→	Registered, Credentialed School Nurse
Audiology	→	Registered, Credentialed School Nurse

Gen Ed Assessments		Authorizers
Developmental	→	Registered, Credentialed School Nurse (RCSN)
Health Ed/Anticipatory Guidance	→	Licensed Psych, LCSW, LMFT, or RCSN
Health/Nutrition	→	Registered, Credentialed School Nurse (RCSN)
Hearing	→	Registered, Credentialed School Nurse (RCSN)
Psychosocial	→	Licensed Psych, LCSW, LMFT, or RCSN
Vision	→	Registered, Credentialed School Nurse (RCSN)

IEP/IFSP Treatments		Authorizers
Speech	→	Licensed SLP
Counseling	→	Licensed Psych, LCSW, LMFT, RCSN, or Physician
OT/PT	→	Contracted Physician
Audiology	→	Licensed Audiologist

Paradigm Healthcare Services
paradigm-healthcare.com

1225 4th Street, #363
San Francisco, CA 94158

TEL (415) 616-0920
FAX (415) 616-0910

SHN's Workflow

SHN uses a workflow to manage authorizations from creation to approval. A status is assigned to each authorization request, according to the different stages of the workflow:

PENDING*   Assigned to the e-authorization record once the creator saves the record. The creator will select an authorizer from a list of eligible names, filtered according to type. *The e-authorization record is ready to be reviewed by an authorizer. Service records covered by the authorization will not yet be processed for Medi-Cal billing.*

NEEDS REVIEW   Assigned to the e-authorization record when a note or revision has been requested by an authorizer. *The e-authorization record will be redirected back to the creator for revision. Service records covered by the authorization will not yet be processed for Medi-Cal billing.*

APPROVED   Assigned to the e-authorization record if the service has been deemed medically necessary. *An electronic signature for the authorizer is affixed to the record, and service records covered by the authorization will be processed for Medi-Cal billing.*

NOT BILLABLE   Assigned to the e-authorization record if the service is deemed not medically necessary. (This does not mean, however, that the service is not necessary for the educational development of the student.) The e-authorization record remains on file as part of the student's historical record. *Service records covered by the authorization will not be processed for Medi-Cal billing.*

EXPIRED   Automatically assigned when the e-authorization is no longer active (the effective date range has passed), or the record has not been marked either approved or not billable (reviewed) by the time the effective date range has passed. *Service records covered by the authorization will not be processed for Medi-Cal billing.*

If the provider can authorize their own services, they can immediately assign the status of "approved" from the form entry screen. (There will be no need for the authorization to cycle through the approval workflow.)
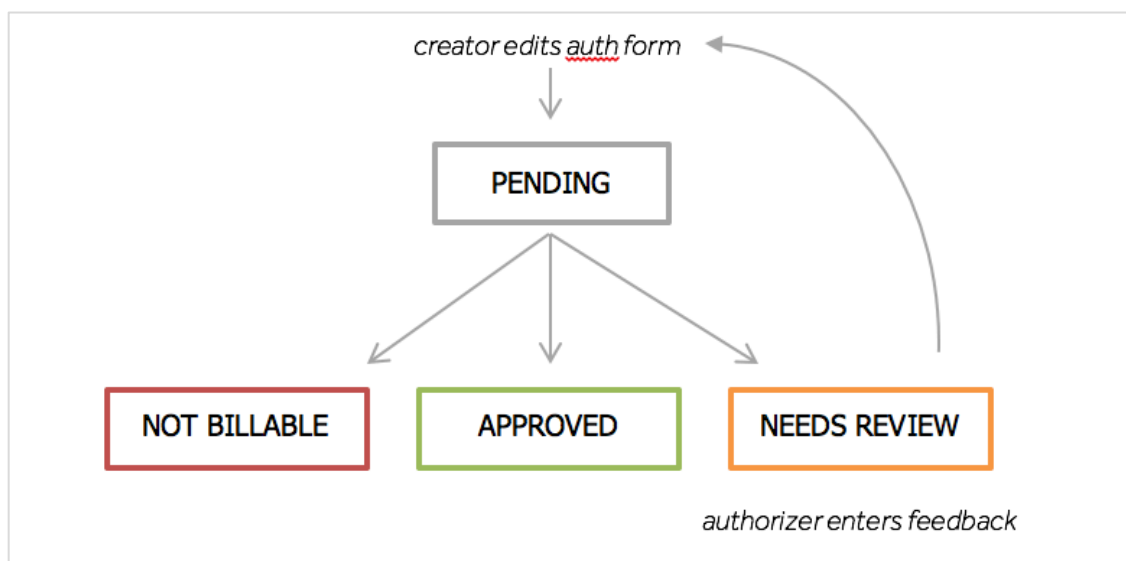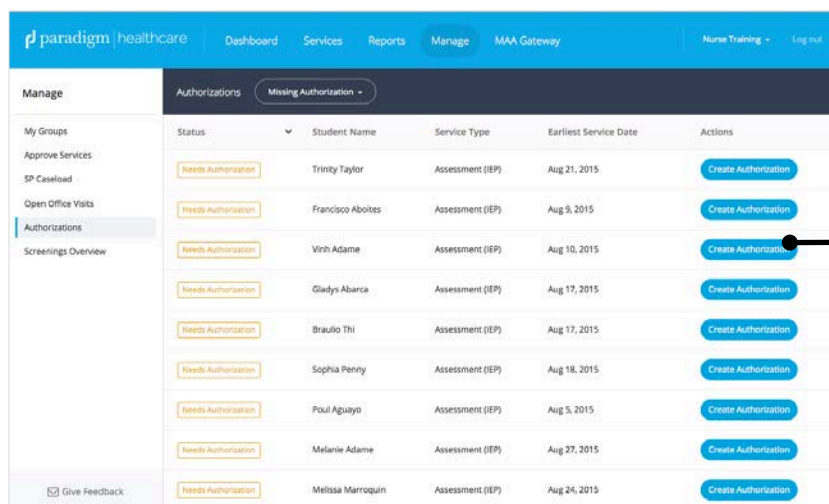
Creating an E-Authorization

SHN consolidates and validates all e-authorizations to ensure that all eligible services you enter are covered. If they are not, you will be prompted to create a new e-authorization. In other words, SHN will prompt *you* to create/request an authorization when *you* enter an eligible service for a student that is not already covered by a pre-existing authorization.
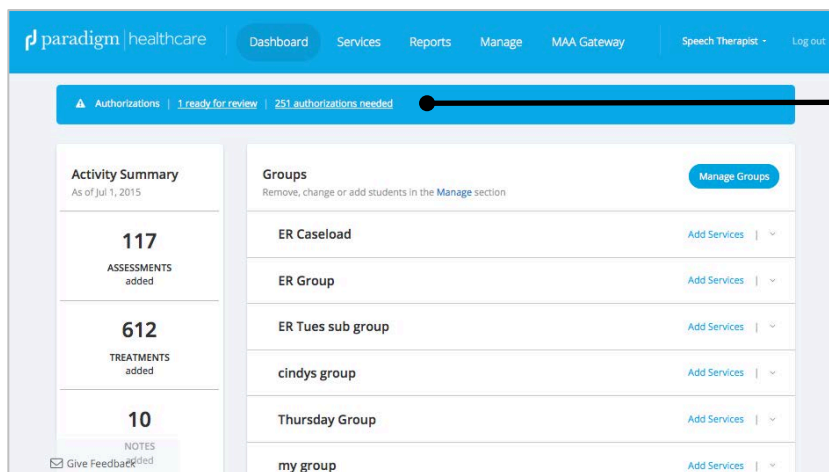
An alert will appear on the Dashboard showing the count of *Missing* authorizations and count of *Soon-to-Expire* authorizations

Click one of these links to be directed to the list of students with *Missing* or *Soon-to-Expire* authorizations for services you entered in SHN.

Use the Status Menu to view authorizations that are Missing, Pending, Approved, Non-Billable, Needs Review, and even Soon-to-Expire.

Click Create Authorization to be directed to the entry form.

Once you have completed the form, the authorization will be placed in *Pending*.

If you are able to self-authorize, your authorization will show as *Approved* once you complete the form.

The good news is that authorizations are valid for one year, and when an authorization for your service type already exists (even if it was requested and approved by another user), you will not be asked to create a new one.

Paradigm Healthcare Services
paradigm-healthcare.com

1225 4th Street, #363
San Francisco, CA 94158

TEL (415) 616-0920
FAX (415) 616-0910

Remember, when filling in the authorization form, please be sure to complete each field accurately. It is up to you to provide enough information to validate the medical necessity of the services, including the scope of service(s) to be provided to the student.

Assessments. The *Effective Date* is the first date the services will be covered by this authorization.

Treatments. The effective date will be set for you and corresponds to the date the authorization is approved.

SHN will tell you the earliest date of assessments logged in SHN that is not covered by pre-existing authorization. (Tip: use this date, when possible.)

Be specific in the reason for service and the nature and extent of service. Include the diagnosis of the student, when possible.

A list of eligible authorizers will appear here—this is the person who will review the request for authorization.

Tips for completing this form:

- Treatment authorizations are effective the date they are approved
- For assessments, SHN will display the earliest date of service on record for the student that is not covered by an assessment authorization. (Consider using this date as the effective date.)
- If you complete an authorization request, and the student's name still appears in your *Missing* queue, this is because the effective date of the authorization does not cover all services for this student.
- For treatment authorizations, you are able to "self-declare the service as not medically necessary." This option should be used in cases when you, as the provider of service, do not think that ongoing treatment is necessary (but the service is still included in a student's IEP/IFSP as the result of parent-district negotiations, for example).
- Check with your LEA Billing Program Coordinator if you are not sure who select as the reviewer for your request.

More Information Needed, or "Needs Review" (for Creators)

Sometimes an authorizer needs additional information to determine whether the service is medically necessary or not. Authorizers can enter comments to an authorization request and then stamp that record as "Needs Review." You will be able to enter comments back to the authorizer, and resubmit the record for review. SHN Dashboard will prompt you if you have an authorization that "Needs Review," and you can view these records at any time in the *Manage* area of SHN.
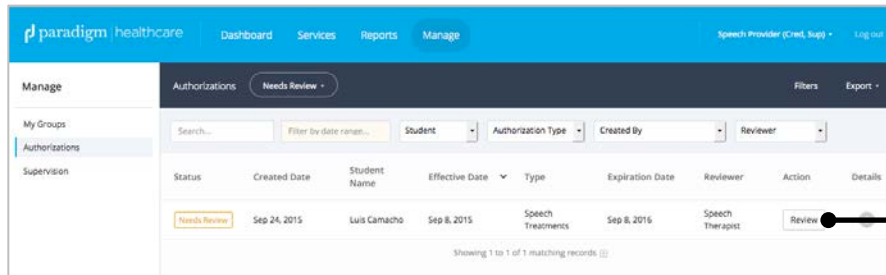
To view comments from the authorizer and make adjustments to your request, click *Review*.
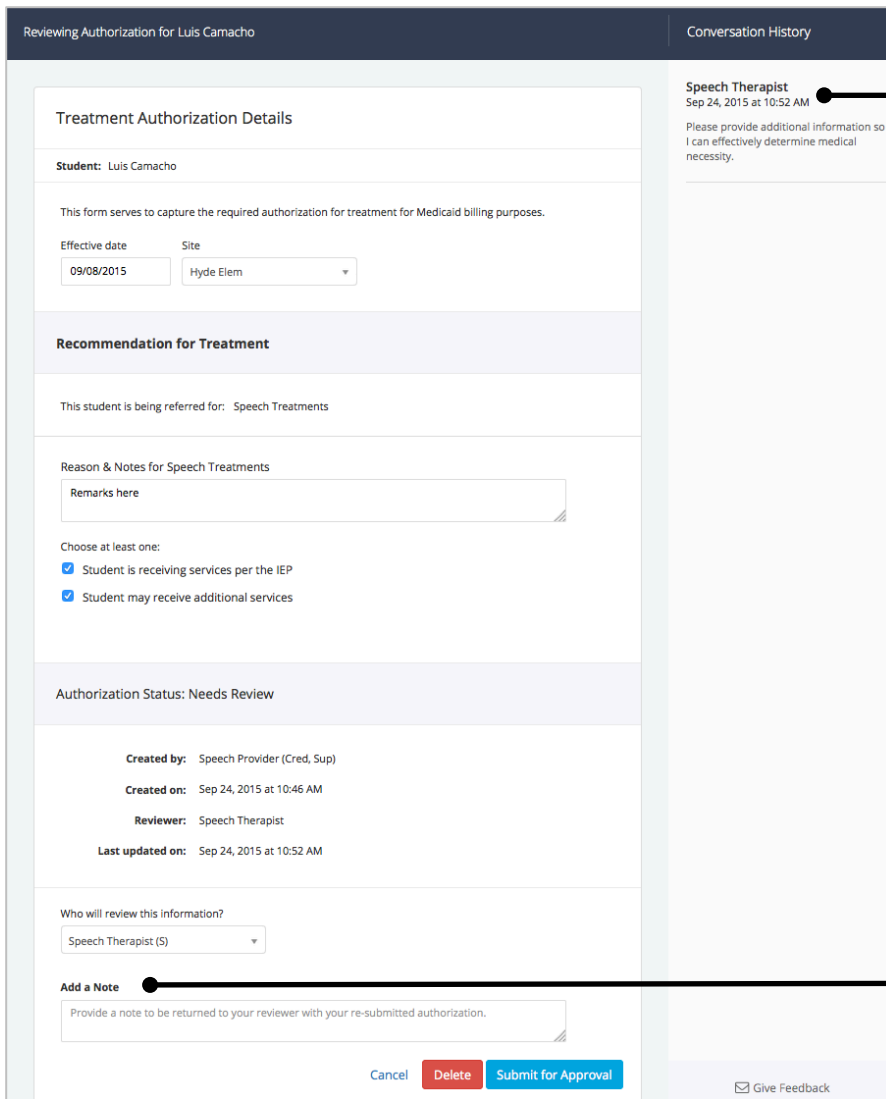
The conversation history (notes) between you and the authorizer appear on the right. This history is saved with the record once it is finalized.

Notes are entered here and saved when you *Submit* the form.
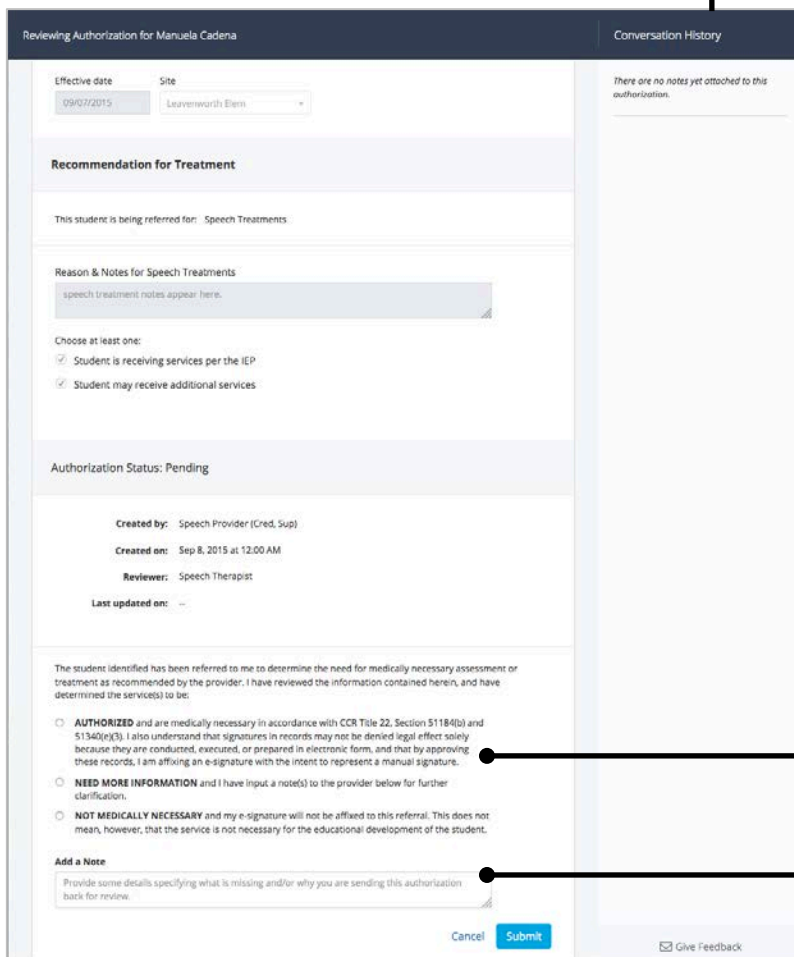
Reviewing Authorizations (for Authorizers)

With the exception of users who can self-authorize, all new authorization requests will be placed in the *Pending* status for review. SHN creates a simple way to review all *Pending* authorizations, and in the *Manage* area, you can quickly approve/reject the authorization in bulk or individually.
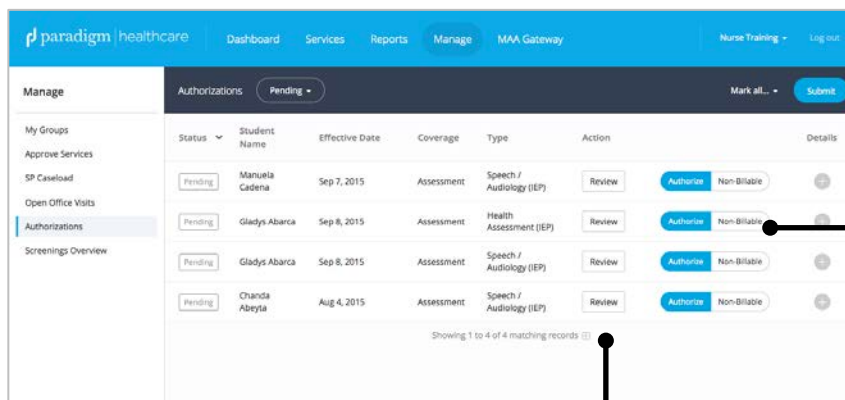
Click the word "Details" to quickly expand all rows below.

Quickly mark each request as "Authorized" or "Non-Billable" and click Submit at the top right of the screen.

To review an authorization individually, add a note, or mark a request as "Needs Review," click the Review button.

Notes history for the authorizer and creator show here.

Authorizer marks the record as "Authorized," "Needs Review," or "Not Billable."

Notes are entered here.

Viewing & Printing a Student's Authorization

Authorizations for a student can be viewed and printed at any time when in the *Services* area of SHN. Access the records using the familiar workflow: 1) add the student to your Worklist, 2) complete Worklist, and 3) select *Authorizations* from the Services menu.
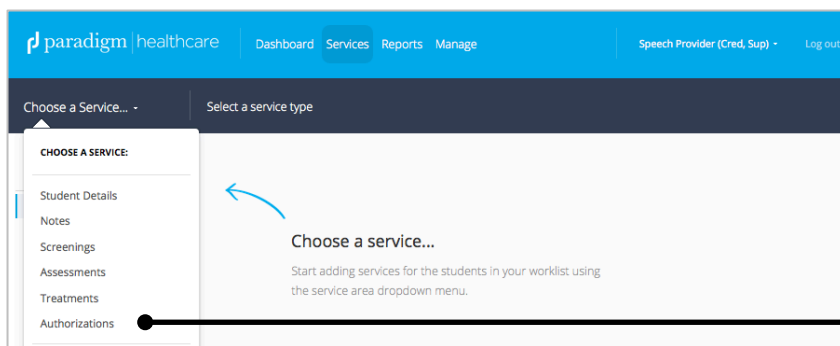
After completing the Worklist, select *Authorizations* from the Service menu.
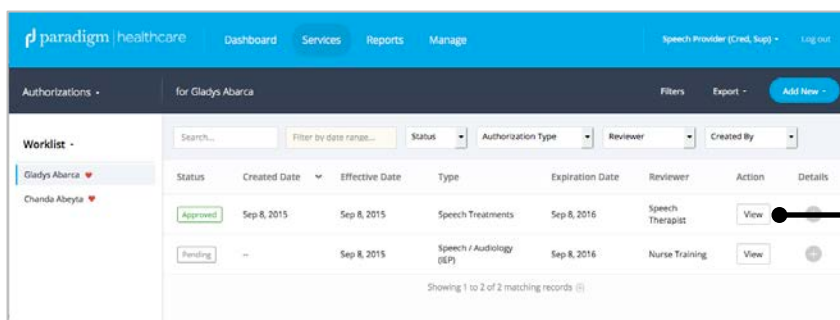
All of the student's active and past authorizations will be listed. Select *View*.
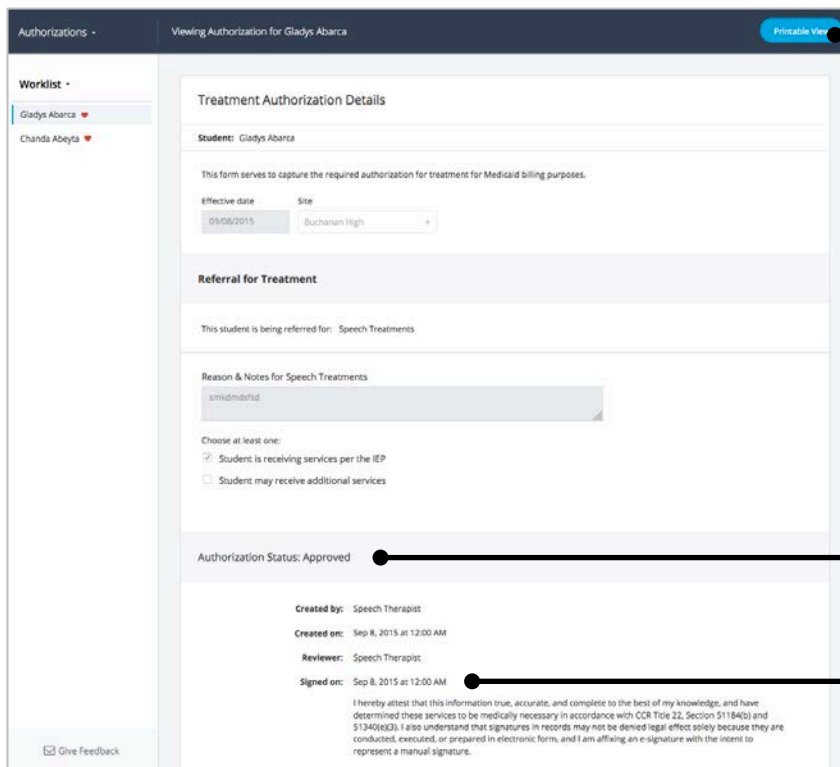
Click *Printable View* here.

The status of the authorization is listed here.

Important dates, attestation, and any conversation history is displayed at the bottom of the screen.

Paradigm Healthcare Services
paradigm-healthcare.com

1225 4th Street, #363
San Francisco, CA 94158

TEL (415) 616-0920
FAX (415) 616-0910

Q&A—SHN & Authorizations for LEA Billing

General Q&A

1. **What does medically necessary mean, anyway?**
   DHCS defines medically necessary services in the Overview in its Provider Manual, "loc ed bil," as:

   > *Diagnostic or treatment services are considered medically necessary when used to correct or ameliorate defects, physical and mental illness, and conditions discovered during a regular (periodic) or inter-periodic screen (California Code of Regulations [CCR], Title 22, Sections 51184[b] and 51340[e][3]).*

   (Note: we use these same citations in SHN on the e-authorization forms.)

   The American Academy of Pediatrics defines medically necessary services as those that "promote optimal growth and development in a child and to prevent, detect, diagnose, treat, ameliorate, or palliate the effects of physical, genetic, congenital, developmental, behavioral, or mental conditions, injuries, or disabilities."

2. **Okay, so what about IEP assessments (initial, annual, amended, triennial)?**
   It is true that providers are *required* to perform initial and triennial assessments, per education code. It is therefore tempting for providers to answer the question of why they are assessing a student as, "Triennial assessment performed per the education code requirements." However, authorizations should include *observations by the provider noting what will be assessed and for what medical purpose.* For example, "to identify any changes that might be required in the student individual health care plan or ongoing procedures as a result of the student's XXXXX disability" (as would be appropriate for a school nurse).

3. **Are there cases when a provider may not view the services they are providing to a student as medically necessary?**
   It is rare but does happen. Sometimes a related service provider may recommend the student be dismissed from services, yet the school district will continue to provide the service(s) anyway. When this occurs, a provider should 'self-declare the service as not medically necessary' and the service will subsequently not be billed to Medicaid. This is the only use-case for this feature in SHN.

SHN-Specific Q&A

1. **Should I use the date of the parent's signature on the IEP as the effective date on the assessment authorization?**
   IEP dates need not directly correspond to the dates on assessment authorizations. It is more important for the provider to enter a date that corresponds to when the assessment was requested (or performed).

2. **Why do I have an alert on my dashboard that I have missing authorizations?**
   LEAs are able to select which services SHN monitors by provider type (only qualified providers) and service type (IEP and non-IEP assessments, and IEP and non-IEP treatments). Further, SHN monitors for

Paradigm Healthcare Services
paradigm-healthcare.com

1225 4th Street, #363
San Francisco, CA 94158

TEL (415) 616-0920
FAX (415) 616-0910

authorizations according to what the provider documents in SHN. It is only when a provider documents a service (that corresponds to the LEA's options) that SHN notifies the user they need an authorization.

Secondly, authorizations are valid for one year from the effective date. For assessments, providers can specify the effective date; and for treatments, the effective date is the date the authorization is approved. The effective date is key to the behavior of SHN's notifications. SHN cross-references the services documented by the provider according to the effective date of the authorization (and for 12 months thereafter). If there are services documented outside the one-year timeframe of the authorization, SHN will continue to prompt the user to create a new authorization.

3. **I submitted my authorization, but the student still appears in my 'missing' queue. Why?**
    There are services in SHN that fall before the effective date of the authorization; or the authorization has expired and there are services with a date after the expiration date of the authorization.

4. **Who do I submit my authorization to?**
    Your LEA Billing Program Coordinator can help answer this question. DHCS dictates the qualifications of providers who can review and sign authorizations, and your coordinator knows who meets these qualifications and/or has been designated to review authorization requests. (Note: the training manual includes a matrix of the qualifications required for the reviewers of each type of authorization.)

5. **Does it matter if I have more than one authorization on file for a student?**
    No. SHN will look at all services documented in SHN and match those to a valid authorization. If there is more than one valid authorization (or there are overlapping dates), that is AOK.