Add a New Authorization (No Billing Engine)

Last Modified on 05/11/2026 4:56 pm EDT

About

Some insurance payers require clients to receive Authorization prior to a Service or Services. To use the Authorization Tracker in NSS, agencies must mark the client insurance as requiring Prior Authorization. Agencies without NextStep Billing can do this from the **Face Sheet**.

Mark Client Insurance as Requiring Prior Authorization (No Billing Engine)

If your agency does not use the Billing Engine, you can mark Client Insurances as requiring Prior Authorizations from the client's **Face Sheet**.

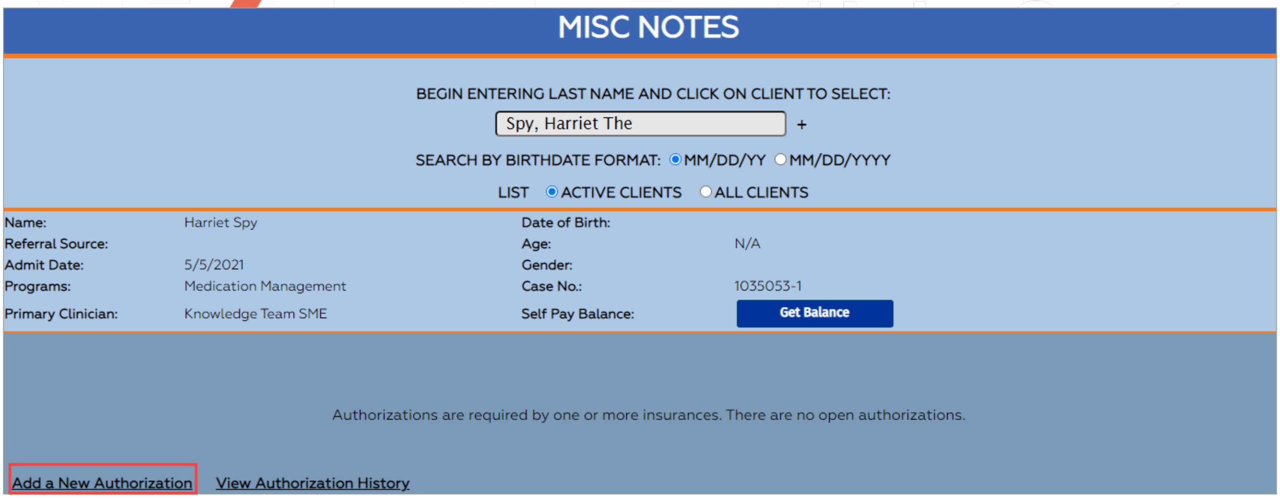
> **Warning**: The options below are only visible **when configured** if your agency does **NOT** have a Billing Engine. If your agency does not have a Billing Engine and you cannot see these options, contact NSS Support.

1. Within NSS, navigate to the **Face Sheet**.
2. Search for the client if the client is not already displayed.
3. Click **Edit**.
4. Scroll down to the Client **Insurance Plan** section.
5. Under the **Covered Benefits** section of the Insurance you want to mark as requiring prior Authorization, select one of the following options depending on the client's insurance:
    - Pre-authorization required for Mental health benefits?
    - Psych Testing?
    - Substance Abuse Benefits?
6. Click **Update**.

Add a New Authorization for a Client

Once an insurance is marked as requiring Prior Authorization for a client, the Authorization Tracker will display within NSS. The Authorization Tracker can be displayed on any kind of Note, Face Sheet, or within the Individualized Treatment Plan (ITP) Wizard.

1. Navigate to a **Note**, **Face Sheet**, or **ITP** from the Main Menu.
2. Search for the client if the client is not already displayed.
3. Click **Add a New Authorization**.

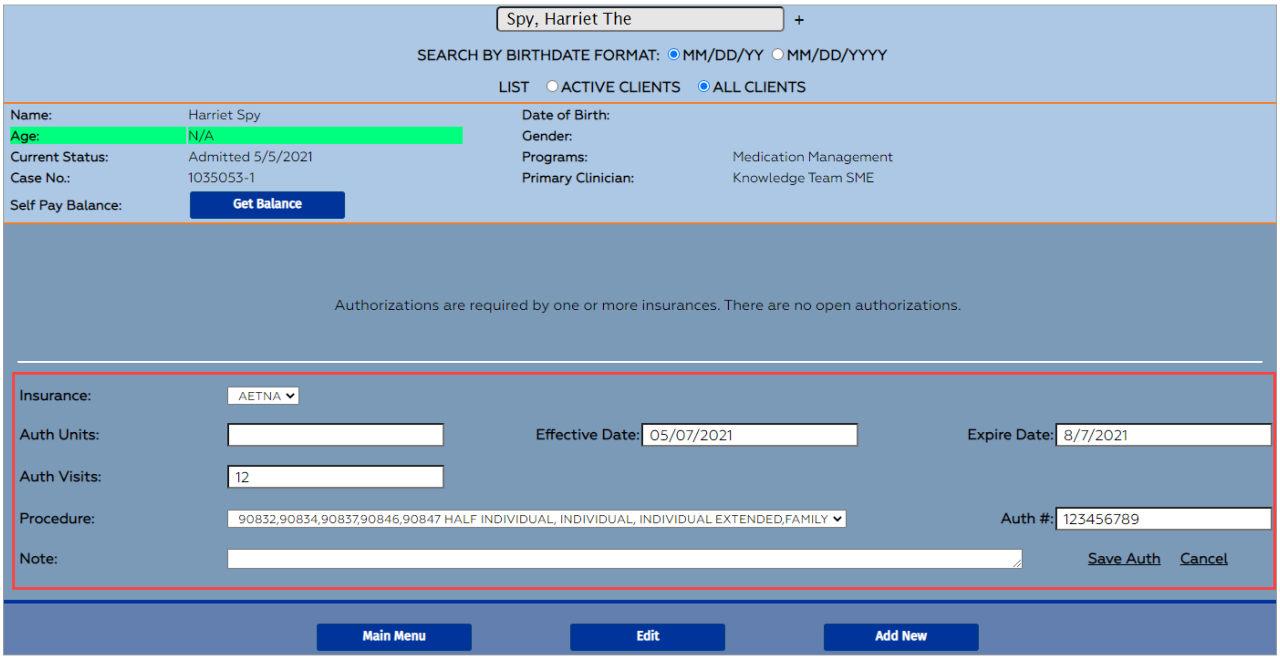


4. Complete the following fields as necessary for the Authorization:

- **Insurance:** Select the insurance that the authorization is for.
- **Auth Units:** Enter the units of services approved by the insurance, if applicable.
- **Auth Visit:** Enter the number of visits approved by the insurance, if applicable. Visits are distinct days of service (e.g.: If the client is authorized for 5 visits, that means within the 5 day time frame they are authorized for as many services as needed).
- **Effective Date:** Enter the Authorization start date.
- **Expiration Date:** Enter the Authorization end date.
- **Procedure:** Select the procedure authorized by the insurance payer. If multiple procedures are authorized, you must select the group option for those codes from the drop-down.

> **Note**: The Activity Codes that are displayed here come from the information added to the Activity Code field in **Add Activity Codes to Clinical Billing Widget**. For Authorization Groups to be displayed, see **Set Up Authorization Groups**.

- **Authorization Number:** Enter the number provided by the payer.
- *(Optional)* **Notes:** Enter any notes as necessary.



5. Click **Save Auth**. The Authorization Tracker now displays the authorization information for the client on Notes, Face Sheet,

and within the ITP.

Procedure	Authorized	Used	Remaining	Effective Date	Expire Date	Auth #
90832,90834,90837,90846,90847 HALF INDIVIDUAL, INDIVIDUAL, INDIVIDUAL EXTENDED,FAMILY WITHOUT CLIENT AND FAMILY	12 Visits/Days	0 Visits/Days	12 Visits/Days	5/7/2021	8/7/2021	123456789

Add a New Authorization View Authorization History