PCNX Service Authorization Training Guide

Providers will use the Service Authorization Request form to submit member authorization requests to SAPC's Utilization Management (UM) section. This Service Authorization Training Guide will review the format, fields, and provide instruction on how to complete the form accurately and timely.

Please note that snips are taken from a test environment and no PHI is shared.

Contents

Prerequisites For Service Authorization

The forms listed below must be submitted by all Primary and Secondary provider agencies before completing a Service Authorization Request. This documentation is required to establish medical necessity, which allows SAPC's UM team to determine the most appropriate level of care and services requested by the provider.

Required Forms	
ASAM Assessment	Finalized by an appropriate Licensed Practitioner of the Healing Arts (LPHA) or License Eligible (LE) LPHA.
Diagnosis	SUD Diagnosis as determined by an appropriate LE-LPHA/LPHA.
Medical Necessity Justification Note	Finalized by an LE-LPHA/LPHA with the exception of RI-CM, RBH, Initial Engagement and ASAM 0.5. Must be either documented in PCNX for primary Sage users or uploaded to the chart for secondary Sage users.
Problem List/Treatment Plan	For reauthorizations only, finalized by an appropriate LE-LPHA/LPHA.
Financial Eligibility	- If patient has Drug Medi-Cal (DMC) as a guarantor, enter CIN (Client Index Number) on the Financial Eligibility Form. - Patient must have a valid address. - Do not enter "homeless" in address field, this creates errors in billing the State and may result in recoupment. Follow guidance outlined within the Provider Manual for which address to use for unhoused individuals.
Cal-OMS Admission	The Cal-OMS admission date should correspond with the authorization begin date in most cases. Additionally, the Other Funding section of the Cal OMS is required to note any additional funding sources a patient may be enrolled in. This will be used for Non-DMC patients to receive services.
Provider Site Admission	Should match level of care and the provider agency's address as requested on the Service Authorization Request.
Level of Care and program address must match the level of care and provider agency's address on the service authorization request.	

Authorization Submission Instructions

To find the Service Authorization Request form, use the Smart Search Bar or find in My Favorites if previously saved.

1) After selecting a patient (if not already in a patient chart), the User will be brought to the Pre-Display which will show the complete history for the selected patient.

2) The user may sort by clicking the arrows next to each column title by ascending or descending order. The default is for Auth numbers to display in descending order.

3) Click the Edit button to open an existing authorization to view or edit. Only Pending authorizations may be modified. If the authorization has been Approved or Denied, click the

4) Click Add to create a new Service Authorization.

5) The Delete button is disabled; if the user clicks on the button, after two attempts the user will be notified that they do not have sufficient security privileges to delete the authorization and will return to the Pre-Display.

Service Authorization Sections and Required Fields

The information entered in the Service Authorization Request form populates the UM version, Service Authorization form. Although some sections may appear blank for providers, UM has visibility to those sections and makes updates accordingly.
The table below will indicate which fields are required for the authorization and which fields are required for the form to save.

Field	Description
Member Service Authorization Section	*General information about the type of service authorization being requested.*
Initial or Continuing Authorization	**Initial:** For initial treatment authorization or a change in LOC or provider agency, a new "Initial" authorization must be requested. **Continuing:** Specific to re-authorizations for continuing the same LOC at the same agency. For more information, the user may click on the lightbulb.

Field	Description
Funding Source Authorization Is For **Required**	Select from the following options on the drop-down menu: (3) Drug Medi-Cal – for patients with current DMC benefits and the service is a Drug Medi-Cal benefit. (4) Non-Drug Medi-Cal – for all non-drug Medi-Cal services; RBH requests; use when patients are not enrolled in DMC or applying for Medi-Cal.
Provider to Be Authorized	This field is locked and pre-populated with the Agency's name.
Contracting Provider Program **Required**	The provider agency location and address where the services will be rendered. The address should match the CalOMS admission and Provider Site Admission form. This is the only address where services can be billed. For Campus providers the system will automatically remove this field upon approval of the authorization.
Begin Date of Authorization **Required**	Enter the date the client is admitted for treatment.
End Date of Authorization **Required**	Enter the end date of the authorization for the level of care requested or till the end of the eligibility period. *Please see the Provider Manual for specific authorization periods by level of care.* Quick tip: When entering the date, "t+# of days" will calculate the end date. The number of days must be entered followed by "+#" which will add the number of days to the date entered. *Note: Sage counts the entered date as day 1.* *If the authorization is meant for 30 days enter DATE+ 29* • *If the authorization is meant for 90 days enter DATE+ 89.* • *If the authorization is meant for 6 months enter DATE + 179.* *If the authorization is meant for 1 year enter DATE + 364.* For the 6 month and 1-year auth periods UM approves to the end of the month where the 179/364 day ends. Although if there is an existing Eligibility Verification that is valid for 30 days or more, the provider should match the end date with the Eligibility Verification.
Authorization Grouping Or Individual Authorizations	For all authorizations starting FY23-24, with start dates of 7/1/2023 and after: Select **All**

Field	Description
Required	
Current Authorization Status	This visible but disabled field indicates the status of the authorization. May only be modified by SAPC QI & UM. • Approved • Denied • Pending
Benefit Plan **Required**	The Benefit Plan defines the level of care being requested. When completing an Initial or Continuing, Service Authorization Request, select the appropriate benefit Plan from the drop-down menu.
Member Service Authorization 21-40 Section	*This will show a listing of the CPT codes associated with a PRE FY23/24 authorization, otherwise it will be disabled.*
Care Manager Section	*This section is blank. This is used by UM.*
Diagnosis Section	*This section is blank.*

Field	Description
Comments Section	This field was updated to be a locked field. It will show comments entered in the "External Comments on Authorization" field in the "Doc Request Date" section of the form. It will display the user's name along with a timestamp of when the form was submitted with an External Comments on Authorization.

Field	Description
	The Comments section should regularly be reviewed by the provider. Providers are encouraged to follow up with the UM care manager as needed. *Note: comments may not be edited or deleted once submitted, so ensure that what is entered is accurate for the selected client.*

Field	Description
Provider Search	*This section is blank.*
Doc Request Date	In this section, providers will indicate if this authorization is associated with an initial engagement for the patient and will list contact information for providers familiar with the patient's care.
Initial Engagement **Required**	Allows for an assessment period if medical necessity can not be established under special circumstances, only applies to Non-Residential Levels of Care: ASAM 0.5, 1.0, and 2.1. • Select **Yes** if the authorization is ONLY 30 or 60 days. The patient is in the initial assessment period and medical necessity has not yet been established. • Documentation must substantiate the circumstances requiring an additional assessment period. • Select **No** if the following apply: 1. Authorization is for the full authorization period 2. This is a Residential Authorization

Field	Description
	3. This is a Withdrawal Management Authorization or 4. Medical necessity has been established
Clinical Contact **Required**	Enter the name of the person most familiar with the patient (and the authorization) should the UM Care Manager have questions about the request.
Phone Number	Ensure a confidential phone number is entered, and messages are frequently checked to respond to inquiries.
Additional Contact Information	Enter the name or phone number of a supervisor or someone who may speak about the case and is available if the primary contact is unavailable.
External Comments on Authorization **(Effective 1/5/2026)**	Providers and UM staff will enter comments about the authorization in this field. Once Submitted this will clear and the comments will be permanently visible in the Comments section. This field was added as a protective measure so that historical data was not inadvertently edited, overwritten, or deleted. Once comments are entered and the form is submitted, they cannot be edited or deleted. QI/UM may use this section to provide the following comments: • Authorization status (e.g. approved, pending, or denied) • Reasons for Denials • Notification to providers if information is missing or required for the authorizations to be adjudicated • Indication if authorization dates are being modified and reasons for modification • QI/UM Care Manager contact information Providers: • May add anything that QI and UM should be aware of in advance of their review (e.g. authorization submitted late due to ICT or PCNX configuration) Providers may only add comments while the authorization is Pending, once an authorization is Denied or Approved this field will be locked from editing.
Submit	Once the necessary fields are completed click Submit to save the entry.

| --- | --- |
| **Friendly Reminder: Remember to check your work, ensure dates and all entries are correct to reduce errors which may delay authorizations or result in denials!** | |

Viewing Options

Once an authorization has been submitted to UM for review, providers will have multiple avenues to view the status of the authorizations.
There are three methods to see a patient's authorizations:

1. Providers may open the Service Authorization Request form to see the pre-display.
2. Review in the Client Dashboard.
3. Review using the Financial + Clinical LPHA View.

Service Authorization Request Pre-Display

When opening the Service Authorization Request form, the Pre-Display will appear first and show a list of existing authorizations and status. The opposing arrows/triangles

highlighted in the red box in the image below allows users to sort the order based on the column selected. Providers may sort in ascending or descending order. The pre-display allows sorting for all visible columns.

To create an authorization, select Add to open a new Service Authorization Request form. To view an authorization, select the one to be reviewed and then click the Edit button. Only pending authorizations may be modified.

Client Dashboard

To access the Client Dashboard a patient must be selected and visible in the Recent Clients section of the left-hand panel. While hovering to the right of the name, an icon will appear with the option to Open Dashboard. Click Open Dashboard and patient specific widgets will appear on the screen.

The **Patient Authorization Status** widget within the Client Dashboard displays the Auth# (Authorization Number), Auth Begin Date, Auth End Date, Auth Status, Status Reason, and other information relevant to the authorization.

Auth#	PATID	Auth Begin Date	Auth End Date	Provider	Program	LOC	Date Requested	Time Requested	Auth Status	Status Reason	Contract #
Auth#	PATID	Auth Be	Auth En	Provider	Program	LOC	Date Reque	Time Reque	Auth St	Status R	Contract
636839	289299	06/18/2025	06/30/2025	Recovery, Inc.	Recovery Facility	ASAM 1.0	06/18/2025	01:40 PM	Pending	Assigned	
636849	289299	07/08/2025	08/06/2025	Recovery, Inc.	Recovery Facility	ASAM 1.0	07/08/2025	01:03 PM	Approved	No Entry	341234

Client: SAGEMD, ESTHER MIDDLE (000289299) | Episode: All
PATIENT AUTHORIZATION STATUS
Search:

Widget - Financial + Clinical LPHA View

Depending on a user's role, access to specific widgets and reports may provide visibility on all authorizations for an agency. Typically, these are limited to LPHA and Financial user roles.

Note: The widget allows for searching or sorting by column by using the arrows at the top of each column.

All Docs/Chart   SMD All Docs/Chart   Clinical Counselor   **Financial + Clinical LPHA**
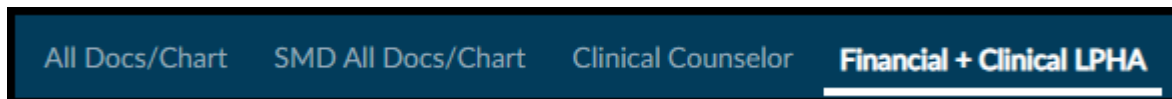
Widget - Authorization Status Last 3 Months

The Financial +Clinical View has the Authorization Status Last 3 Months widget. The type of information displayed is similar to the widget in the client dashboard except that it shows authorizations for all patients from a provider agency and program within a period of the last 3-months.

Auth#	PATID	Name	Auth Begin Date	Auth End Date	Provider	Program	LOC	Comments	Date Requested	Time Requested
Auth#	PATID	Name	Auth Be	Auth En	Provider	Program	LOC	Comments	Date Reque	Time Reque
116210	160528	TRAINING,SAGE	02/03/2025	04/30/2025	Recovery, Inc.	Recovery Facility 2	ASAM 1.0		02/03/2025	11:53 AM
116206	163218	DAVIDSON,HARLEY III	01/31/2025	02/28/2025	Recovery, Inc.	Recovery Facility 2	ASAM 2.1		01/31/2025	04:30 PM

Widget - Pending Authorizations – Previous 1 Year

This widget displays all service authorization records in the system with a Current Authorization Status of Pending. The Comments may provide insight into the reason for the pending status.

The Auth # serves as a link to open the appropriate service authorization form for each record listed. Only users with access to the form will be able to open this link.
https://wikihelp.ntst.com/EHR/myAvatar/MSO/Help/Billing/Service_Authorization

PATID	Name	Auth#	Program	Submitter Name	Begin Date	End Date	Auth Status	Status Reason	Plan Name	Comments
PATID	Name	Auth#	Program	Submitter I	Begin	End E	Auth St	Status R	Plan N	Comments
159908	TEST,QIUM	116154	Recovery Facility	Greg Schwarz, PsyD	2025-01-14	2025-03-14	Pending	Not Reviewed	ASAM 3.1	Please see medical necessity justification note dated xx/xx/xxxx and ASAM dated for recommended level of care. Test Provider Updated medical necessity note to reflect current symptoms

Provider Auth (PAUTHS)

PAUTH information may be found on the Provider Auth (PAUTHS) widget available to all Financial user roles or by contacting the assigned Contract Program Auditor for the agency.

The widget displays preapproved authorizations within an agency. As a reminder PAUTHs are not patient specific.

Authorization Request Status Report

The Authorization Request Status Report will provide the status of an authorization, the authorization number, level of care, funding source, status updates, and other details relevant to the authorization.

The report may be run using the following parameters:
- Authorization dates
  o Begin Date of Auth
  o Data Entry Date
  o End Date of Auth
- Begin Date
- End Date
- Select client [Leave blank for all]
- Select Provider
- Select Program(s) [Leave blank for all]

The report may be exported and sorted as needed. For more information on Sage reports please see the Sage-PCNXC Guide to Reports.

SAPC Website

Providers should review the current version of the Provider Manual for up-to-date authorization requirements, timeframes, and deadlines. In addition, please review the "Checklist of Required Documentation for Utilization Management" found on the SAPC website under: Providers ⟶ Manuals, Bulletins, and Forms ⟶ Clinical Tab

- SAPC Sage Website: http://publichealth.lacounty.gov/sapc

- Sage-PCNX Guides for navigation, forms, reports, and widgets: http://publichealth.lacounty.gov/sapc/providers/sage/sage-pcnx.htm

Contacts

- For questions about authorizations or policy, not related to specific patients contact the UM Team at the UM Inquiry Line at 626-299-3531 or email SAPC.QI.UM@ph.lacounty.gov

- For appeals on denied service authorizations please contact Quality Improvement (QI) at 626-299-4532 or email: SAPC.QI.UM@ph.lacounty.gov

- If a provider is concerned about the status of an authorization providers may check the Authorization Request Status' Comments section to see if the Care Manager specified the reason for the current status. If additional information is needed, providers are encouraged to contact the Care Manager for patient specific questions.

- System errors related to authorizations:
  - Sage Help Desk Phone Number: (855) 346-2392
  - Sage Help Desk ServiceNow Portal: https://netsmart.service-now.com/plexussupport

*Reminder: **Do not** send protected health information (PHI) via email that is not encrypted.*