

1. Log in to Clear Coverage.
2. Click **New Authorization** at the top of the main screen.
3. In the Patient Search accordion, search for a patient by entering information, then click **Search**. *Note: Required fields have a red asterisk (*)*.

4. In the Search Results, click **select** next to the patient's name.

Results: Patients

Name	DOB	Gender	Subscriber	Card Id	Default Pay Type	Carrier	Eligibility
select TESTPATIENT, Jim	01/01/1970	Male	SUBSCRIBER		Details	BCBS	Eligible

5. Verify the patient's information, and then click **Add to Request**.

1. Patient Information

First Name: CHRIS MI: Last Name: TESTPATIENT

DOB: 09/29/1980 Gender: Male

Payer: Sandbox

Designated Processor:

Subscriber: SUBSCRIBER

Effective Date: 01/01/2014

Expiration Date: 02/28/2018

Member ID: 00

Relationship to Subscriber: Self

Plan: PLANC

Product: PRODUCTB

Group: GROUPA

Add to Request

6. In the Requesting Information accordion, select the **Date of Service** and then select the **Requesting Clinician** from your preferred clinician list. Alternatively, choose a provider from the **Select Other Clinician** link. Click **Add to Request**.

2. Requesting Information

Date of Service: 05/30/2014

Facility Name: Mckesson Outpatient Requesting Facility 3

Requesting Clinician: Mckesson, Doctor, MD **Select Other Clinician**

Primary Specialty:

Requesting Clinician NPI:

Add to Request

7. In the Diagnosis accordion, search for a specific billable diagnosis, click **Add to Request**, and then click **Next**. Search by entering a diagnosis description or ICD9/10 may be entered.

3. Diagnosis

ICD Lookup: headache

ICD	Description	Billable
ICD-9		
307.81	TENSION HEADACHE	Add To Request
339	OTHER HEADACHE SYNDROMES	

Next >>

8. In the Service accordion, search for the **Service/Test**, click **Add to Request**, and then click **Next**. Search by entering a service/test description or CPT®/HCPCS code.

4. Service

Service Lookup: MRIBRAIN

Show service specific to selected diagnoses only

Search Results: Services

Service	Product	CPT*	Coverage	Action
MRI_Brain	13.3 Imaging	70551...	Prior Auth Required	Add to Request
MRI_Brain w/ contrast	13.3 Imaging	70552...	Prior Auth Required	Add to Request
CT_Brain	13.3 Imaging	70450...	Prior Auth Required	Add to Request
CTA_Brain	13.3 Imaging	70496	Prior Auth Required	Add to Request
MRA_Brain	13.3 Imaging	70544...	Prior Auth Required	Add to Request
PET_Brain	13.3 Imaging	78600...	Prior Auth Required	Add to Request
SPECT_Brain	13.3 Imaging	78607...	Prior Auth Required	Add to Request

Next >>

9. In the Service Information accordion, complete the required information, and then click **NEXT**. *Note: Required fields have a red exclamation mark (!)*.

5. Service Information

Priority: Normal

Diagnosis: A06.6

Service Facility: Mckesson Service Facility 3

Medical Review: Required to Submit

Modifiers: Modifiers

CPT: 70552

Details: Details

Next >>

- A. **Priority** – Defaults to Normal. If appropriate, you can change it.
- B. **Diagnosis** – If you selected multiple diagnosis codes, you should select the primary diagnosis from this drop down list.
- C. **Service Facility** – Select the appropriate servicing facility.
- D. **Medical Review** – Complete the Medical Review.
- E. **Modifiers** – Appears only if a modifier is required. Click to select a modifier.
- F. **CPT** – You may be required to select a primary CPT code.
- G. **Details** – Enables you to specify details such as: Referring provider, Place of Service, Units/Frequency/Duration. Enter this information as required.

10. In the **Additional Notes** accordion, add any notes or supporting documentation
11. **Verify the Authorization Request** details are correct in the right pane.

12. Click **Submit** in the lower right pane *if Submit is not active, move the pointer over it to see the information that's missing*.

13. Clear Coverage creates a request confirmation for each service/test.

Request

The following requests have been submitted. They can now be accessed from the search screen.

Group	Service	Reference #	Payer Authorization#	External Reference Number	Request Status	Expires
MRI, Knee	141501100002	C14150011	ZZ00000448	Auto Author	08/28/2014	

14. **Print** the authorization request by selecting the **View Request PDF** link. Then, click **Yes** to create another authorization for the same patient or **No** to go back to the main screen to create an authorization for a new patient.



You can find more detailed information and reference guides in the **Help** section by clicking the **Help** button in the top right hand corner of the screen.