M^CKESSON

Clear Coverage - Radiology™

User Guide



BUSINESS CARE CONNECTIVITY McKesson Health Solutions, a division of McKesson Technologies, Inc. www.mckesson.com

Clear CoverageTM is a product of McKesson, an independent company providing preauthorization services for Blue Cross and Blue Shield of Nebraska, an independent licensee of Blue Cross and Blue Shield Association.

Important Note: Clear Coverage is a web-based tool for radiology preauthorizations for Blue Cross and Blue Shield of Nebraska members.

Getting Started:

After your user account has been set up, use the following link to access Clear Coverage to submit preauthorization requests for Blue Cross and Blue Shield of Nebraska members:

www.nebraskablue.com/clearcoverage

Logging In

- 1. On the Login screen, enter your username and password.
- 2. Click Login.
- 3. Select a facility and then click Continue.

- <mark>ﷺ</mark> Clear Coverage™	09:58:28 AM Monday, September 192016
Please enter your User Name and F	assword.
User Name	bettysmith@nebraskablue.com
Password	******
By dicking on "Login" above, you agree to the terms of the M you do not agree to the provisions, please do not login.	Login >
CPT copyright 2014 American Medical Association. All components are not assigned by the AMA, are not part indirectly practice medicine or dispense medical servic registered trademark of the American Medical Associa	rights reserved. Fee schedules, relative value units, conversion factors and/or related of CPT, and the AMA is not recommending their use. The AMA does not directly or es. The AMA assumes no liability for data contained or not contained herein. CPT is a tion

Note: If you are logged in but not using the application it will automatically log you out after 10 minutes of inactivity.

Logging Out

When you finish your work in Clear Coverage, you can log out.

Click Logout in the upper right corner.



• Creating an Authorization Request /Authorization _#Request Workflow

Steps	Description
1. Find the Patient	Identifies the patient that requires this service?
2. Select the Requesting Clinician	Identifies the provider requesting this service?
3. Add Diagnosis (ICD-10)	Indicates the primary diagnoses for this service for this patient?
4. Select the procedure or service.	Indicates which service(s) the patient needs (for example, CT scan, Bariatric Surgery, Wheelchair)
5. Add Service Information	Provides information such as answers to questions that determine medical necessity of the service and indicates the facility where this service will be performed.
6. Add Additional Notes	Provides additional information about the case.

Click New Authorization to access the authorization workflow.

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Step 1: Find the Patient

Creating an authorization request starts with finding the patient.

Search for a patient by entering information such as the **Subscriber ID** or the patient's first and last name as it appears on the member ID card in the search fields. Required fields are marked with a red asterisk (*).

- 1. Enter search criteria in the required fields, as indicated by the red asterisks (*).
- 2. Click **Search** or press the Enter key.
- 3. Click **Select** next to the patient name.

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select Shahid, Test	05/13/1990	Male	6602	Details	ZZDEM3	🛩 Eligible	02/28/2018	

Verify the Patient Information

1. Verify the patient's health plan information, and then click Add to Request.

The Patient Information is added to the Authorization Request summary, and Clear Coverage advances to the **Requesting Information** tab.

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Step 2: Select a Requesting Provider

- 1. Enter the **Date of Service** by clicking the calendar icon is and selecting a date.
- 2. The **Facility Name** automatically defaults to that of the user account to which you logged in. If appropriate, select a different facility from the drop-down list.
- 3. Click the **Requesting Clinician** drop-down list and select the provider requesting the Authorization.
 - a. If the Requesting Clinician drop-down list is blank or if you want to select a different provider, click **Select Other Clinician**. In the Provider Search, enter a name in the Last Name field and click **Search**. Once you locate the provider, click **Use Selected** (as shown below).
 - b. Click the **Add Selected to Preferred Clinicians/Organizations List** check box to add the selected provider to the Requesting Clinician drop-down list for future authorizations.
- 4. Click Add to Request.

The Requesting Information is added to the Authorization Request summary and Clear Coverage advances to the Diagnosis Tab.

Provider Search								×
Organization / Last Name	First Name	ID Type	ID	 				
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Add Selected to Preferred C	linicians / Organi	zations List					Use Selected	Cancel

Step 3: Select a Diagnosis

The Diagnosis Tab enables you to choose one or more diagnoses that are appropriate for the service for which you are requesting authorization.

- 1. Search for the diagnosis by entering one of the following in the ICD-10 Lookup:
 - a. Part of the clinical diagnosis description (for example, "low back pain")
 - b. ICD-10 code (for example, "M54.5" for low back pain)
- 2. When you find the appropriate diagnosis code, click **Add to Request** next to the diagnosis.
- 3. Repeat steps 1-2 to include additional diagnoses, if necessary.

4. Click **Next**. The Diagnosis(es) is added to the Authorization Request summary and Clear Coverage advances to the Service tab.



Step 4: Select a Service

The Service Tab enables you to select the service for which you are requesting authorization.

- 1. Search for a service by entering one of the following in the Service Lookup:
 - a. Enter a complete CPT[®]/HCPCS code (for example, "72148")
 - b. Enter a portion of the service name (for example, "MRI Lumbar Spine")

The **Coverage** column will indicate whether a procedure or service requires an authorization.

- 2. Click Add to Request to add the procedure to the Authorization Request.
- 3. Repeat steps 1-2 until you have added all the services you want authorized for this patient.
- 4. Click Next.

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agnetic Resonance Imaging (IMRI), Lower Extremity (not joint)	Imaging	73718	Prior Auth Required	Add to Request		NDC:		-
Magnetic Resonance Imaging (MRI), Lumbar Spine	Imaging	72148	Prior Auth Required	Add to Request		Medical Review: Result:	Required to Submit	
Magnetic Resonance Imaging (MRI), Lumbar Spine w/contrast	Imaging	72149	Prior Auth Required	Add to Request		Version:		
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				•		Phone:		
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If you select the wrong service, click the trash can \square icon next to the service to delete it from your list and then choose again.

Step 5: Enter Service Information

Authorization Request		×
Patient Search		
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3 Click to begin answering InterQual medical review questions.	Clinician NPI: 1568669703	View Clinician Details
	Diagnosis	Selected
	Discontin	- Juccus
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Next>>	M54.5 L	OW BACK PAIN
6. Additional Notes		

 The Service Information tab is where you can determine the Priority of care (blue box #1). The default is Normal. However, if your request is urgent or emergent, you can use the drop down to make your selection. The majority of preauthorizations are "normal" priority.



2. Selecting the **Servicing Facility** (blue box #2): This has a filter to select All Providers, Tier I Providers or Preferred Providers. The Preferred Provider option is a customized list of your favorite Servicing Facilities. Searches can be done by name or National Provider Identifier (NPI).



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Service Facilities Available				×
Current Service Facility:				
Name NPI	Preferred Providers Search Clear			
Search Results: Service Facilities				1
Preferred V Service Facility Name	Service Facility Address	Network	Phone Number	NPI
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- 3. The **Medical Review** button (blue box #3): Initially you will see the Overview Screen with informational data and the medical questions for the review. To begin the InterQual medical review, click the Q1 tab (default for age of patient). Tab Q2 and other Q tabs are questions based on ICD-10 and the CPT procedure code. Best practice is to have the patient's medical chart available to perform the review.
- 4. After answering criteria questions, click Next.

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Annatia Persenanas Imaging (MDI), Lumbas Crina		1			
lagnetic Resonance Imaging (MRI), Lumbar Spine			InterQual		
edical Review Recommended Paths Clinical Revisions					
erview Q1 Q2 Q3 Results		Indicates Not Applicable	Indicates Suggeste		
		Question 2 Comments (0)			
Question 2: Choose one:		Add a Comment			
• Suspected lumbar disc hemiation or foraminal stenosis (unilateral symptor C Radiculopathy post hemiated disc surgery	ms)	Type here to enter comments			
Suspected cauda equina syndrome (urgent)					
Suspected lumbar spinal stenosis (bilateral symptoms)					
O Nonspecific low back pain and no neurologic deficits	Using the patie	ents medical history pick			
 Suspected or known lumbar spine fracture or suspected cord injury 	the most appr	opriate answers.	Add Commen		
Spinal tumor	Greater detail	is provided by hovering	or.		
intersected bone metastasis	over this icon				
Follow-up bone metastasis after treatment					
O More choices					
	um Resilium 02/01/2016	-			

5. When the criteria has been met, you will see this image. At this point, you may click on **View Printable Summary** for the full preauthorization letter or click **Finish** to move to the next screen. You always have the option of printing the approval letters from the **Home** page.

Medical Review Patient: Tesoro, Kr	riss T	
Magnetic	Resonance Imaging (MRI), Lumbar Spine	
Medical Review	Recommended Paths Clinical Revisions	
Overview Q1	Q2 Q3 Q4 🔗 Results: Criteria Met	_
🔮 Resi	ult: Criteria Met	
Evidence sup	ports Magnetic Resonance Imaging (MRI), Lumbar Spine as medically necessary.	
Recor	mmended Actions:	1
Proceed v	with the following test(s): Magnetic Resonance Imaging (MRI), Lumbar Spine	
Question Source:	Imaging, Spine, Lumbar [~IQ6.01A Last Updated: 03/31/2016 Last Literature Review: 02/01/2016	-
View Printa	ble Summary	

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- 6. Submit your request:
- 7. **Contact Details** are required for all authorizations. Provide contact information and click **Submit**.

Contact details are required for all submitted authorizations. Please provide contact details (a name and a phone number) below and press submit to finish the request.					
First Name:	Last Name:				
Betty	Smith				
Phone Number: e.g. (555) 555-	1212				
(402) 555 - 5555	Ext				
	Submic Cancel				

8. Here is a Request that shows care was auto-approved. Payer Authorization # is present, Request Status is Auto Authorized and an Expiration date is provided. To read the disclaimer, click <u>View Request (PDF)>></u>, then click to indicate you have read the disclaimer at the bottom of the page. Click "No" unless you want to add another procedure for the same patient.

Reques	t				
The follo	wing requests have been submitted. They can now be	accessed from the	e search screen.		
Group	Service	Reference #	Payer Authorization#	Request Status	Expires
	Magnetic Resonance Imaging (MRI), Lumbar Spine w/contrast	162651000020	CC2016092100025	🌳 Auto Authori	11/20/2016
View R	equest (PDF) >>				
Would y	ou like to create another Authorization Request?				
✓ Inclu	de Requesting Information				
✓ Inclu	de Diagnoses				
V I have	e read the disclaimer on the authorization request PDF				Yes Not

Step 6: Adding a Note or Attaching a Document for Criteria Not Met.

1. If Clear Coverage advises **Criteria Not Met**, your screen will show **Recommended Actions**. You may chose the **Recommended Action** or continue with the **Alternative Actions** as noted. If you want to continue with **Alterative Actions**, click the radio button and then click **Finish**.

Medical Review	×
Magnetic Resonance Imaging (MRI), Lumbar Spine	InterQual
	Version: RM16.1
Medical Review Recommended Paths Clinical Revisions	
Overview Q1 Q2 Q3 🌴 Results: Criteria Not Met	Indicates Suggested
Tesult: Criteria Not Met	
Current evidence does not support testing in this clinical scenario	S
Recommended Actions:	
Remove the following test(s):	
Magnetic Resonance Imaging (MRI), Lumbar Spine	Add Comment
Alternative Action(s):	
••••••••••••••••••••••••••••••••••••••	
Note: Proceeding with this test may require review by the payer.	
Question Source: Imaging, Spine, Lumbar [~IQ6.01A Last Updated: 03/31/2016 Last Literature Review: 02/01/2016	
View Printable Summary < Back Finish	
	Close

 This will bring up Tab 6 – Additional Notes. Here it is required to add text in the Additional Notes box and then click the Browse button to attach medical records. Click Add Note/Attachment and the Submit button will be enabled on your screen.

Patient Search		
. Patient Information	Authorization Request	
. Requesting Information	Authorization Request	
Diagnosis	Patient Information	Eligibility Check: 쓪 Eligible
. Service	Patient: Yacko, Miklos	s c 💼
Service Information	Subscriber ID: 3731063	View Member Details
Additional Notes	Card ID: HDR8471311	33
Additional Notes:	DOB: 11/15/1964	
See attached medical records. In order to add your electronic records you must put a	Payer: Blue Cross Blue Shield of Nebraska Plan:	View Coverage Details
comment in the Additional Notes box.	Product: Network Blue	,
	Group: 300252	
	Requesting Information	🤗 Complete
		• •••••
	Facility: Nebraska BCSBS	Requesting Facility 1
	Clinician: READE, CHAD, MI	D-
	Clinician NPI: 1568669703	View Clinician Details
	Diagnosis	🔶 Selected
ttachments (0): Browse Click the Browse button and attach records from your dealston	Diagnosis Description	
22 of 4000 * Add Note / Attachments	Afternote has been add records are attached, clin Note/Attachments button	୧୪ ଅମଖ୍ୟର୍ବ୍ୟା 🛱 ck the Add n
Hovering over the submit button will provide user with instructi	ons when	
Criteria Not Piet.	- Authorization	tot
		10.L. PQ

- 3. **Submit** your request:
- 4. **Contact Details** are required for all authorizations. Provide information and click **Submit.**

Clear Coverage[™] is a product of McKesson, an independent company providing preauthorization services for Blue Cross and Blue Shield of Nebraska, an independent licensee of Blue Cross and Blue Shield Association.

Contact details are required for provide contact details (a name submit to finish the request.	all submitted authorizations. Please and a phone number) below and press
First Name:	Last Name:
Betty	Smith
Phone Number: e.g. (555) 555-1	212 Ext
	Submit
	Subility Cancer

Here is a Request that indicates that care is in a Pending Status. Payer Authorization # is not present, Request Status is Auth Pending and there is no Expiration date. Clicking "No" in the Request box takes the user back to the home screen. Here you will see all authorizations for the practice.

R	eques	t				
1	he follo	wing requests have been submitted. They can now be	accessed from th	e search screen.		
	Group	Service	Reference #	Payer Authorization#	Request Status	Expires
		Magnetic Resonance Imaging (MRI), Lumbar Spine	162651500000		② Auth Pending	
1 12 12	View R Vould y Z Inclu Z Inclu	equest (PDF) >> ou like to create another Authorization Request? de Requesting Information de Diagnoses				
	I have	e read the disclaimer on the authorization request PDF			Yes	No

6. Click on the **Details** button to retrieve the authorization just completed for the patient.

Clear Coverage™					
🖀 Home 🎾 Authorization Search	📄 New Authorization 🛛 🏣 Integration	💥 Administration			
Most Recent Activity For: Last 7 Days					
Search Results: Activities					
Reference #	Activity	Activity Date	Payer Assigned #	Status	Date of Service
👰 Detail	Submitted Auth (Auto-Authorized)	09/15/2016 12:30 PM	CC2016091500043	؇ Authorized	09/15/2016
🔍 Detail	Submitted Auth (Auto-Pended)	09/15/2016 12:25 PM		② Auth Pending	09/15/2016
👰 Detail 🗀 162591100003	Requester Added Note	09/15/2016 12:20 PM		Auth Incomplete	10/03/2016
(Detail ► 🗀 162591100002	Submitted Auth (Auto-Authorized)	09/15/2016 12:18 PM	CC2016091500040	؇ Authorized	09/16/2016
Q Detail ► □ 162591100001	Submitted Auth (Auto-Pended)	09/15/2016 12:15 PM		Auth Pending	10/03/2016
Image: Optimized Control Image: Detail Image: Optimized Control Image: Optimized Control	Submitted Auth (Auto-Authorized)	09/15/2016 11:56 AM	CC2016091500038	؇ Authorized	10/05/2016
Image: Optimized Control Image:	Submitted Auth (Auto-Authorized)	09/15/2016 11:56 AM	CC2016091500052	🧇 Authorized	09/15/2016
(Detail ► 🗀 162591000019	Submitted Auth (Auto-Pended)	09/15/2016 11:48 AM		② Auth Pending	09/15/2016
(● Detail ► 🗀 162590900005	Requester Added Note	09/15/2016 11:41 AM	CC2016091500051	؇ Authorized	09/15/2016
Image: Optimized Control Image: Detail Image: Optimized Control Image: Optimized Control	Submitted Auth (Auto-Authorized)	09/15/2016 11:39 AM	CC2016091500036	؇ Authorized	09/16/2016
(Detail ► 🗀 162590900004	Submitted Auth (Auto-Pended)	09/15/2016 11:32 AM		 Auth Pending 	09/20/2016
🕘 Detail 🕨 🗀 162591000013	Submitted Auth (Auto-Pended)	09/15/2016 11:29 AM		② Auth Pending	09/15/2016
💽 Detail 🕨 🗀 162591000017	Submitted Auth (Auto-Authorized)	09/15/2016 11:28 AM	CC2016091500035	؇ Authorized	09/16/2016
Image: Optimized and the second se	Submitted Auth (Auto-Pended)	09/15/2016 11:25 AM		 Auth Pending 	09/15/2016

7. In the lower left corner is the **Save & Print** box. Options available: Print the approved **Authorization Summary**, **Authorization Full** version or a **Fax Cover Sheet**.

Authorization Request			×
Patient Search			
1. Patient Information	Autho	vization Bog	uet
First Name: John MI: Q Last Name: Public	Autilo	nization keq	uest
2. Requesting Information	Diag	nosis	🖌 Selected
2. hequesting information	Diagn		Description
4 Service	M51.	.06	INTERVERTEBRAL DISC DISORDERS WITH M
Authorization Summary			
Authorization (Full)			_
Fax Cover Sheet			
Save & Print 🔹		Modify	Request V Submit Save Close

8. Example of **Authorization Summary** letter, normally 2-3 pages. **Authorization Full** version could be up to 12 pages long.

BlueCross BlueShield Nebraska	powered by 🔠 Clear Coverage™
Authorization Request Overvio	ew
Payer Authorization#: Current Authorization Status: Authorization Priority: Date of Service: Authorization Effective Dates: Provider Submit Date: Payer Disposition Date:	CC2016092100040 Authorized Normal 09/21/2016 09/21/2016 - 11/20/2016 09/21/2016 09/21/2016
Patient:	John Q Public
Coverage Information	
Payer: Plan: Product: Group: Subscriber ID: Card ID: Eligibility Status: Expiration Date:	Blue Cross Blue Shield of Nebraska Select BlueChoice 300040 3693866 YED987456321 Eligible for service 12/31/9999

Step 7: Faxing Medical Records

1. If uploading electronic medical records is not an option, print a *unique* **Fax Cover** sheet for the individual authorization. The **Fax Cover** sheet is only for the specific patient listed.

Patient Search				
. Patient Information	0.11	thorizati	on Pequest	
First Name: John MI: Q Last Name: Public	•	in on Luci	onnequest	
		iagnosi	Change Date of Service	Selected
Requesting Information			Channes Freedonties Data	
Diagnosis		Tagnosis		
Service	N	151.06	Change Service Facility	ISC DISORDERS WITH M
Service Information				
Additional Notes				



Step 8: Canceling an Authorization Request

1. If an authorization needs to be cancelled, find the authorization on the **Home** page. Click the **Detail** button.

Hear Coverage [™]					
👚 Home 🔎 Authorization Search	👔 New Authorization 🛛 🏣 Integration	💥 Administration			
Most Recent Activity For: Last 7 Days	•				
Search Results: Activities					
Reference #	Activity	Activity Date	Payer Assigned #	Status	Date of Service
(Detail ► 🗀 162660700013	Submitted Auth (Auto-Authorized)	09/22/2016 2:26 PM	CC2016092200003	؇ Authorized	09/22/2016
(ⓐ Detail S ► 🗀 162660700004	Requester Added Note	09/22/2016 1:25 PM		Auth Pending	09/22/2016
[(Detail) ► 🗀 162660700005	Requester Canceled	09/22/2016 12:37 PM		🔀 Auth Canceled	09/22/2016
🔍 Detail 🗀 162660700006	Requester Added Note	09/22/2016 12:33 PM		Auth Incomplete	09/22/2016
Q Detail ►	Requester Canceled	09/21/2016 4:33 PM		🟁 Auth Canceled	09/15/2016

2. Use the **Modify Request** button (right hand bottom corner) and select **Cancel Request**.



3. Chose the most appropriate reason to cancel the services.



4. Confirm your Cancel Request

Cancel Request
Cancel Reason: * Patient Not Available for Date of Service Are you sure you would like to cancel this authorization request?
Yes

Resources for your Clear Coverage tool:

Please refer to the MedPolicy Blue manual for any questions regarding what services need to be preauthorized. This will work for radiology and all other medical services. Do not contact the Customer Service Department for this determination.

Link: <u>medicalpolicy.nebraskablue.com/home</u>

Provider Solutions: 800.821.4787, option 4, option 1 or 402.982.7711, option 4, then option 1.

Provider Relationship Managers – please refer to area map on nebraskablue.com.
 Link: <u>www.nebraskablue.com/providers/resource-center/contacts-for-providers</u>

Medical Support Department: 402.982.8870 or 888.236.3870. This is used for clinical questions.