

Clear Coverage - Radiology™

User Guide



**BUSINESS
CARE
CONNECTIVITY**

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

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.

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**

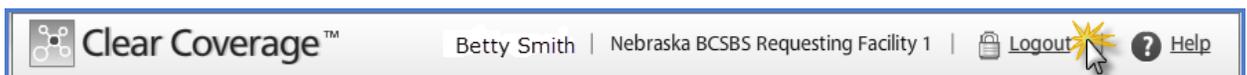
1. On the Login screen, enter your username and password.
2. Click Login.
3. Select a facility and then click Continue.

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.

	Reference #	Payer Assigned #	Status	Activity	Activity Date	Date of Service	Patient	Requesting Clinician
Detail	141551100001	C14155006	✓ I	Authorize: Requester Adde	Wed Jun 4 12:14:50 G	Mon May 5 00:00	TESTPATIENT, CHRIS	CLINICIAN 2, SAMPLE
Detail	141551100001	C14155006	✓ I	Authorize: Requester Adde	Wed Jun 4 12:14:48 G	Mon May 5 00:00	TESTPATIENT, CHRIS	CLINICIAN 2, SAMPLE
Detail	141551100001	C14155006	✓ I	Authorize: Requester Adde	Wed Jun 4 12:14:48 G	Mon May 5 00:00	TESTPATIENT, CHRIS	CLINICIAN 2, SAMPLE

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.

Name	DOB	Gender	Subscriber	Default Pay Type	Payer	Eligibility	Expiration Date
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.

1. Patient Information

First Name: **Test** MI: Last Name: **Shahid**

DOB: **05/13/1990** Gender: **Male**

Pay Type Past Coverage | Future Coverage

Payer: **Sandbox** ✓

Designated Processor:

Subscriber: **6602**

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

Authorization Request

Patient Information Eligibility Check: ✓ **Eligible**

Patient: **Shahid, Test** [View Member Details](#)

Subscriber ID: **6602**

DOB: **05/13/1990**

Payer: **Sandbox** ✓ [View Coverage Details](#)

Plan: **PLANC**

Product: **PRODUCTB**

Group: **GROUPA**

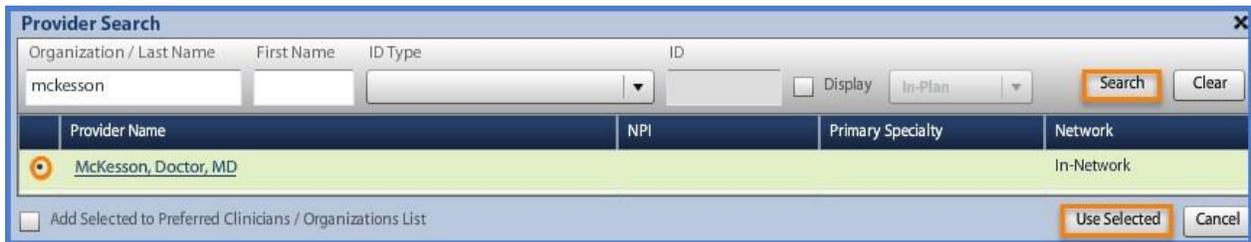
Requesting Information

Diagnosis

Step 2: Select a Requesting Provider

1. Enter the **Date of Service** by clicking the calendar icon  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.



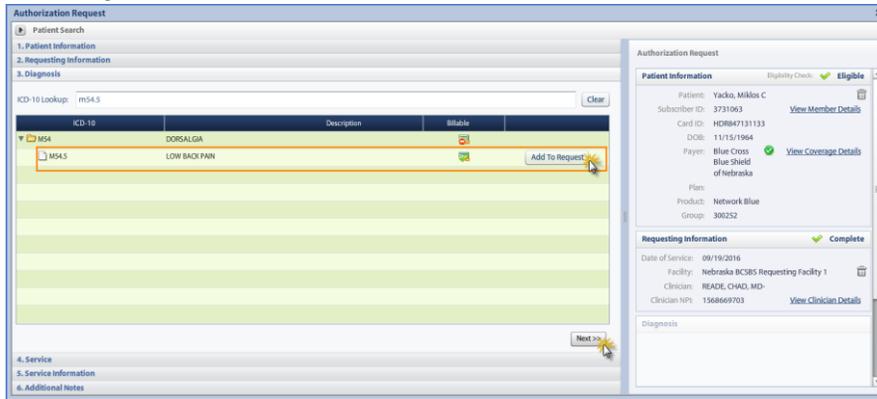
Provider Name	NPI	Primary Specialty	Network
McKesson, Doctor, MD			In-Network

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.

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



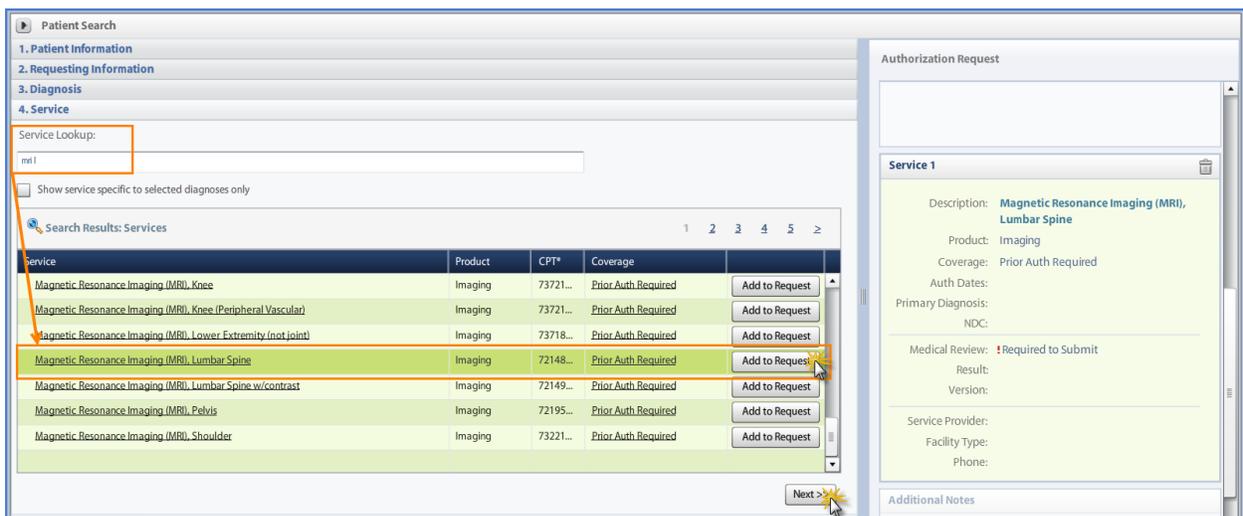
Step 4: Select a Service

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

- Search for a service by entering one of the following in the Service Lookup:
 - Enter a complete CPT®/HCPCS code (for example, “72148”)
 - 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.

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



If you select the wrong service, click the trash can  icon next to the service to delete it from your list and then choose again.

Step 5: Enter Service Information

The screenshot shows the 'Authorization Request' form with the 'Service Information' tab selected. The form is divided into several sections: 'Patient Search', 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Service Information'. The 'Service Information' section is highlighted in green and contains a 'Priority' dropdown menu (labeled 1), a 'Diagnosis' dropdown menu (labeled 2), and a 'Service Facility' dropdown menu (labeled 3). The 'Priority' dropdown is currently set to 'Normal'. The 'Diagnosis' dropdown is set to 'MS4.5'. The 'Service Facility' dropdown is set to 'Tier 1 Network'. The form also includes a 'Medical Review' section with a 'Required to Submit' button and a 'CPT' dropdown menu. On the right side, there is a summary panel with 'Patient Information', 'Requesting Information', and 'Diagnosis' sections.

1. 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.

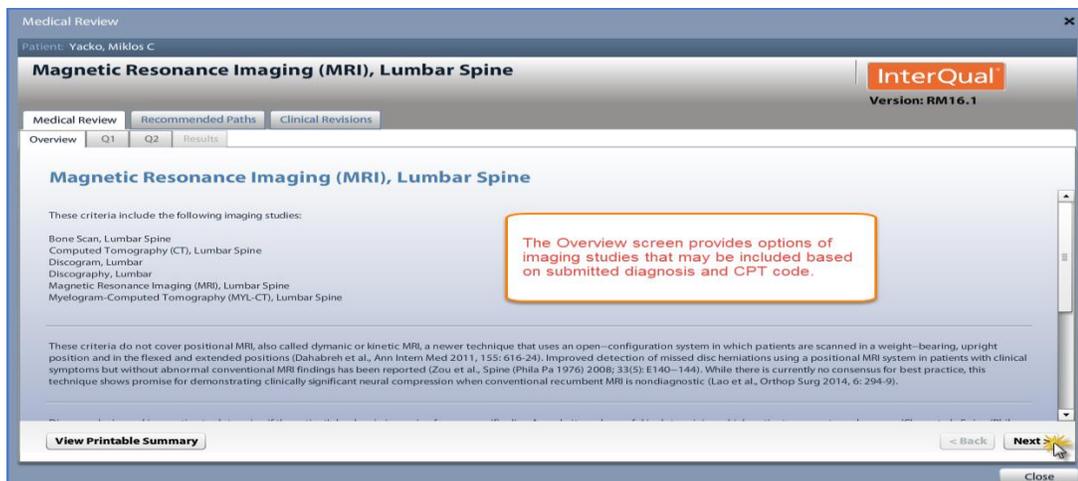
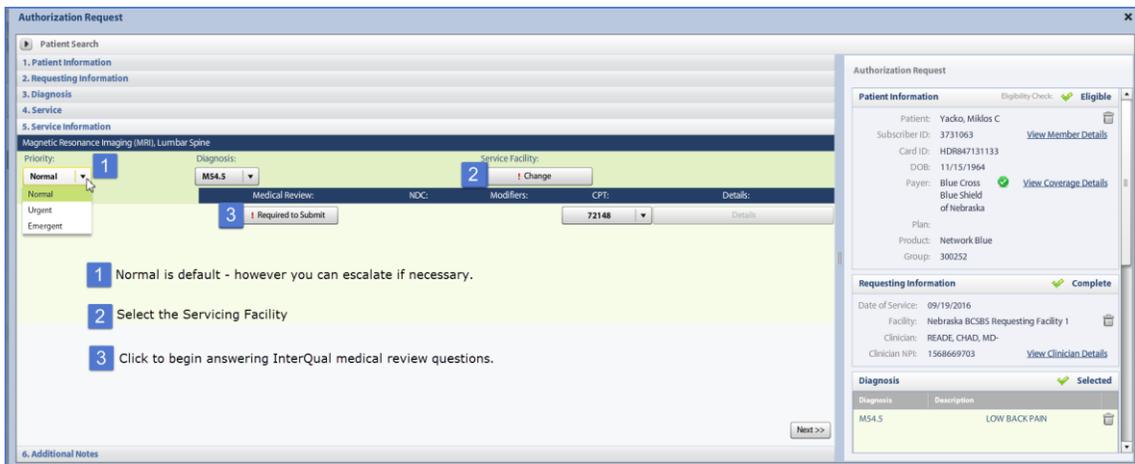
A close-up of the 'Priority' dropdown menu. The menu is currently set to 'Normal'. The dropdown list shows three options: 'Normal', 'Urgent', and 'Emergent'. A mouse cursor is hovering over the 'Normal' option.

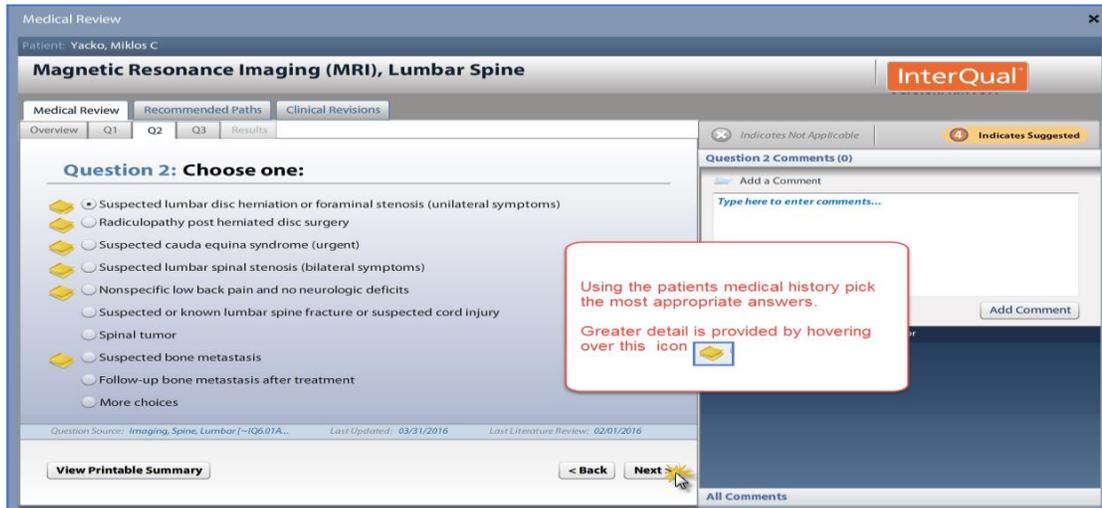
2. Selecting the **Servicing Facility** (blue box #2): This has a filter to select All Providers, Tier I Providers or Preferred Providers. The Preferred Provider option is a customized list of your favorite Servicing Facilities. Searches can be done by name or National Provider Identifier (NPI).

The screenshot shows the 'Service Facilities Available' search interface. It includes a search bar with 'Name' and 'NPI' fields, a 'Tier 1 Network' dropdown menu, and 'Search' and 'Clear' buttons. Below the search bar, there is a table with columns for 'Preferred', 'Service Facility Name', 'Service Facility Address', 'Network', 'Phone Number', and 'NPI'. The table is currently empty.

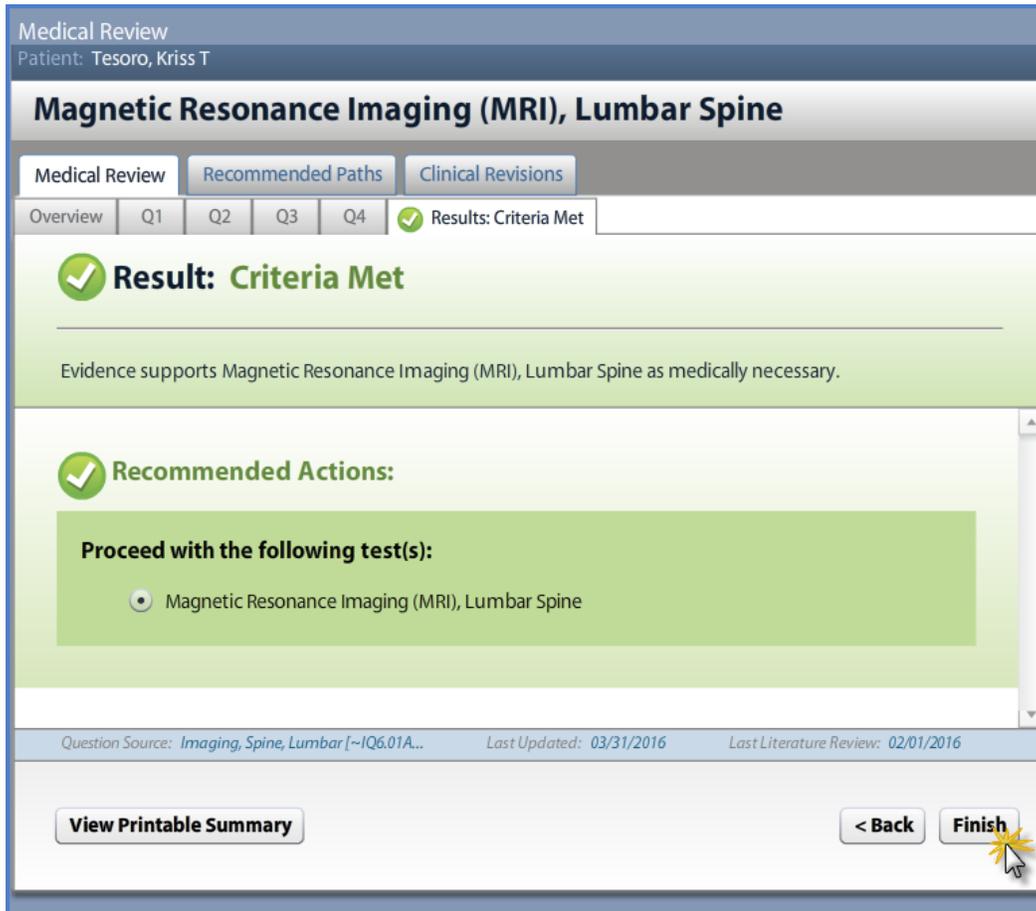


3. The **Medical Review** button (blue box #3): Initially you will see the Overview Screen with informational data and the medical questions for the review. To begin the InterQual medical review, click the Q1 tab (default for age of patient). Tab Q2 and other Q tabs are questions based on ICD-10 and 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**.





- 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.





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:

Phone Number: e.g. (555) 555-1212
 () - Ext

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 **View Request (PDF)>>**, 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.

Request

The following requests have been submitted. They can now be accessed from the 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 Request \(PDF\) >>](#)

Would you like to create another Authorization Request?

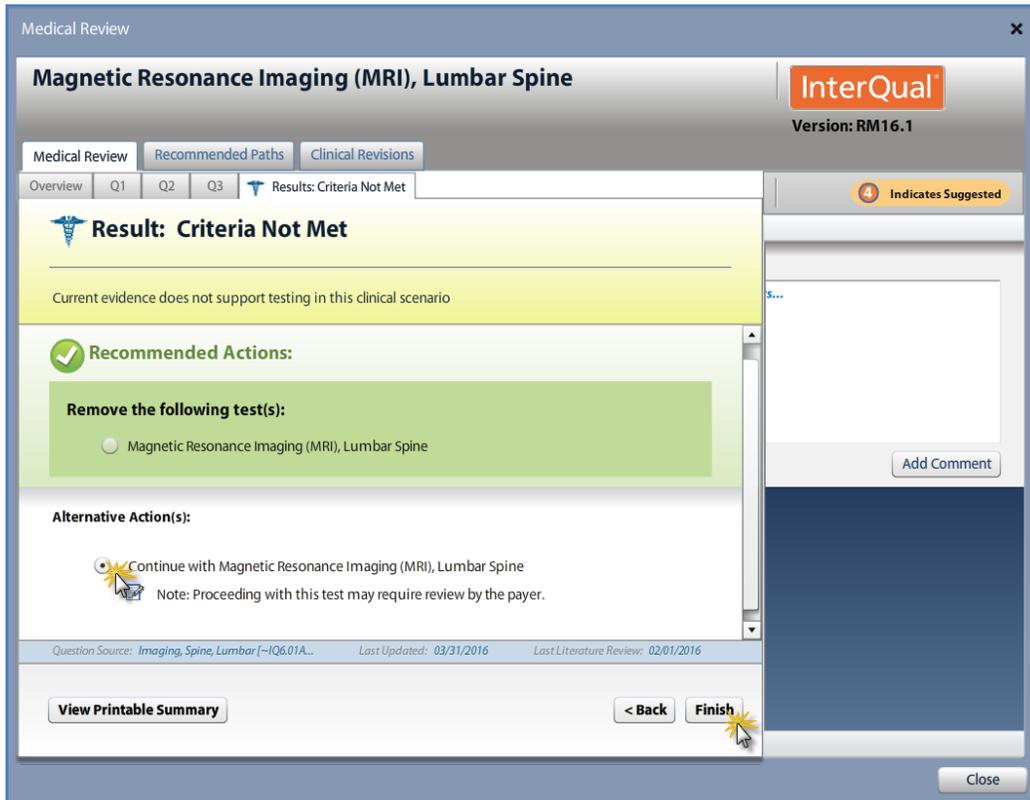
Include Requesting Information

Include Diagnoses

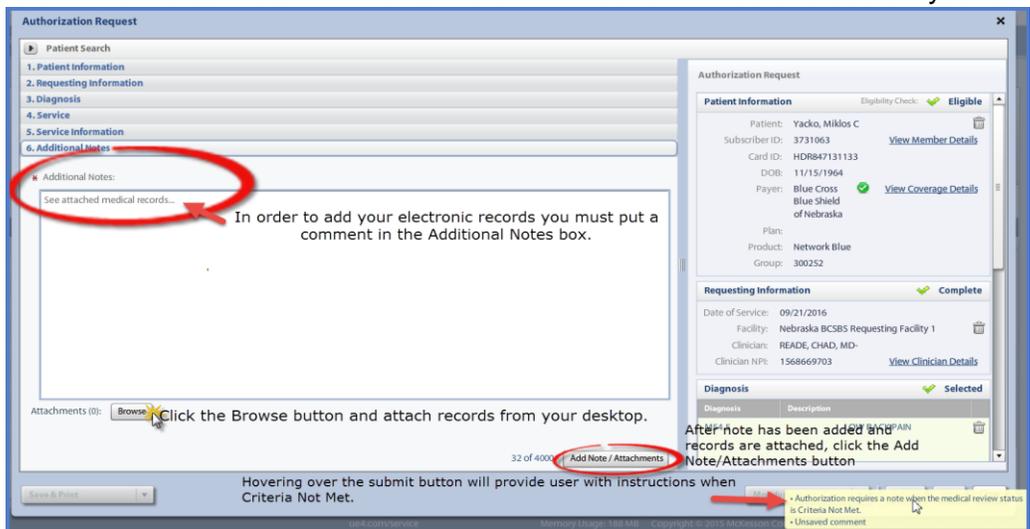
I have read the disclaimer on the authorization request PDF

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**.



2. 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.



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

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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:

Phone Number: e.g. (555) 555-1212
 () - Ext

5. 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.

Request

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

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
	Magnetic Resonance Imaging (MRI), Lumbar Spine	162651500000		Auth Pending	

[View Request \(PDF\) >>](#)

Would you like to create another Authorization Request?

Include Requesting Information

Include Diagnoses

I have read the disclaimer on the authorization request PDF

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

Welcome Christine French

Most Recent Activity For: Last 7 Days

Search Results: Activities

	Reference #	Activity	Activity Date	Payer Assigned #	Status	Date of Service
Detail	162591100005	Submitted Auth (Auto-Authorized)	09/15/2016 12:30 PM	CC2016091500043	✔ Authorized	09/15/2016
Detail	162591100004	Submitted Auth (Auto-Pended)	09/15/2016 12:25 PM		⊙ 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
Detail	162591100001	Submitted Auth (Auto-Pended)	09/15/2016 12:15 PM		⊙ Auth Pending	10/03/2016
Detail	162591100000	Submitted Auth (Auto-Authorized)	09/15/2016 11:56 AM	CC2016091500038	✔ Authorized	10/05/2016
Detail	162590900006	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		⊙ Auth Pending	09/15/2016
Detail	162590900005	Requester Added Note	09/15/2016 11:41 AM	CC2016091500051	✔ Authorized	09/15/2016
Detail	162591000018	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		⊙ Auth Pending	09/15/2016
Detail	162591000017	Submitted Auth (Auto-Authorized)	09/15/2016 11:28 AM	CC2016091500035	✔ Authorized	09/16/2016
Detail	162591000015	Submitted Auth (Auto-Pended)	09/15/2016 11:25 AM		⊙ Auth Pending	09/15/2016

- 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
First Name: John MI: Q Last Name: Public

2. Requesting Information

3. Diagnosis

4. Service

Authorization Summary
Authorization (Full)
Fax Cover Sheet

Save & Print

Authorization Request

Diagnosis Selected

Diagnosis	Description
MS1.06	INTERVERTEBRAL DISC DISORDERS WITH M.

Modify Request Submit Save Close

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


powered by 

1919 Aksarben Drive Omaha NE 68180

Authorization Request Overview

Payer Authorization#:	CC2016092100040
Current Authorization Status:	Authorized
Authorization Priority:	Normal
Date of Service:	09/21/2016
Authorization Effective Dates:	09/21/2016 - 11/20/2016
Provider Submit Date:	09/21/2016
Payer Disposition Date:	09/21/2016

Patient Information

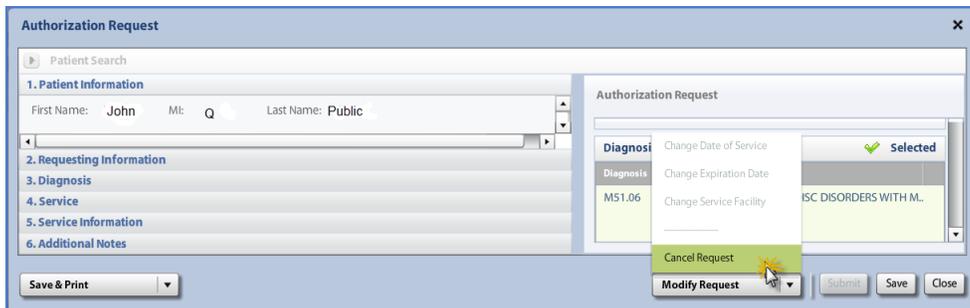
Patient:	John Q Public
DOB:	12/10/1949

Coverage Information

Payer:	Blue Cross Blue Shield of Nebraska
Plan:	
Product:	Select BlueChoice
Group:	300040
Subscriber ID:	3693866
Card ID:	YED987456321
Eligibility Status:	Eligible for service
Expiration Date:	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.





- 1) **Print this page.**
- 2) **Confirm the glyph (bar code) is clear and not blurry.**
- 3) **Use this page as a cover sheet (must be the FIRST page) for the documents to be faxed.**
- 4) **Fax cover sheet and associated pages to Clear Coverage: *(866) 698 - 4152.**
- 5) **Confirm in Clear Coverage that the documents are attached to the authorization.**
- 6) **NEVER reuse this cover sheet for another authorization!**



Fax Note: Med records

Contact Name: Betty Smith

Contact Callback Number: 402-555-5555

Requesting Facility: Nebraska BCSBS Requesting Facility 1

Payer: Blue Cross Blue Shield of Nebraska

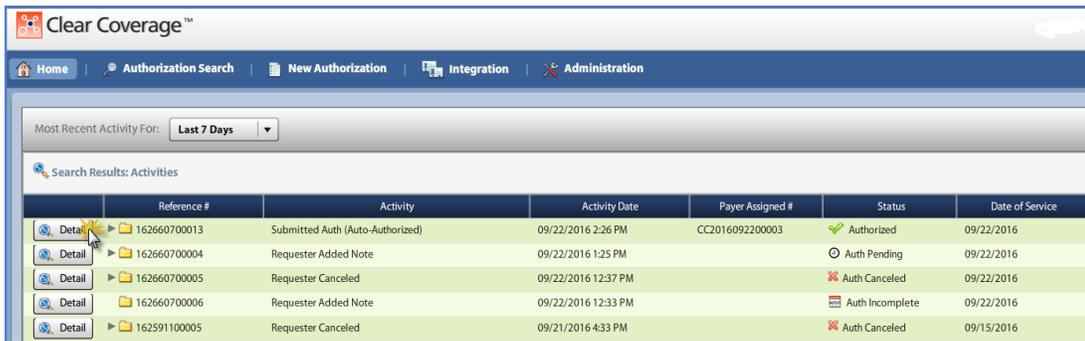
Confidentiality Notice: This fax message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax at above number and destroy all copies of the original message.



*Time Printed: 09/22/2016 13:25 CDT
Internal ID #: 3350421033*

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.



Clear Coverage™

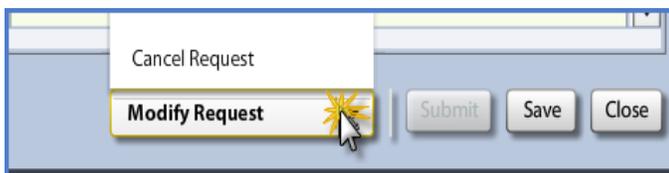
Home | Authorization Search | New Authorization | Integration | Administration

Most Recent Activity For: Last 7 Days

Search Results: Activities

	Reference #	Activity	Activity Date	Payer Assigned #	Status	Date of Service
Detail	162660700013	Submitted Auth (Auto-Authorized)	09/22/2016 2:26 PM	CC2016092200003	Authorized	09/22/2016
Detail	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
Detail	162591100005	Requester Canceled	09/21/2016 4:33 PM		Auth Canceled	09/15/2016

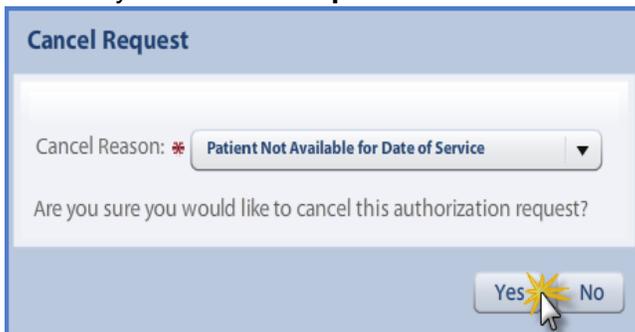
2. Use the **Modify Request** button (right hand bottom corner) and select **Cancel Request**.



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



4. Confirm your **Cancel Request**



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: medicalpolicy.nebraskablue.com/home

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: www.nebraskablue.com/providers/resource-center/contacts-for-providers

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