Inpatient Precertification Training Guide
About this Guide
This guide provides information about submitting an Inpatient Authorization Request through Clear Coverage. The Clear Coverage Service connects payors and hospitals to improve the efficiency of conducting an Authorization. There are three (3) functions within the Authorization Service:

1. Search Authorization Requests
2. Create a New Authorization Request
3. Administration

What is Auto Authorization?
Clear Coverage offers the ability to submit an Authorization Request to a specific patient’s Health Plan for a hospital admission, as well as receive an immediate, real-time response to that request. The Clear Coverage Auto-Authorization Service combines critical components required to carry out an Authorization: an Eligibility check and a Medical Appropriateness check.

What’s in this guide?
This guide contains the following sections:

• Introduction Overview
• Requesting a New Authorization
• Medical Review Details
• Medical Review Outcomes
• Creating a Continued Stay Review
• Creating a Discharge
• Changing the admission date
New Authorization Request Workflow

There are 6 steps in creating a new Authorization Request:

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<th>Steps</th>
<th>Information</th>
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<td>1. Select the Patient</td>
<td>Who is the patient who requires this admission</td>
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<td>2. Select the Admitting Physician</td>
<td>Who is the physician who is requesting the admission</td>
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<td>3. Select Diagnosis (ICD-10) code(s)</td>
<td>What are the primary diagnoses for this admission for this patient</td>
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<td>4. Select the Admission Criteria</td>
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<td>5. Perform the Medical Review</td>
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<td>6. Add Additional Notes/Documentation</td>
<td>Additional information about the admission</td>
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Clear Coverage Tabs

Once logged on, various tabs will appear on the top window. Below is a sample of tabs that will appear:

- Search Authorization Requests
- New Authorization Requests
- Administration
New Authorization Request Overview

The “New Authorization” Tab consists of 2 sides:

- The **left side** contains the information that has been added to the authorization request.
- The **right side** contains information to search for patients, providers, and diagnoses.

Click on the Tabs on the left to switch from area to area.
Creating a New Authorization Request

Click on the “New Authorization” tab to open the workflow available on this tab.

Step 1: Patient Search
Creating an authorization request starts with selecting the Patient.
Using the Search function, a Patient can be found by entering their last name, first name and date of birth or enter the members Identification number with alpha prefix. The same search criteria options that are used for Outpatient also apply to Inpatient.

1. Enter search criteria
2. Click on the “Search” button.
3. Click the “Select” button on the patient for whom the admission being requested.
   a. The selected patient’s information is added to the authorization request on the left side of the window.
   b. Verify the patient information, eligibility, or search for another patient.
4. Click on the “Next: Provider” button.
Step 2: Provider Information

1. **Enter the Admission Date** - ***Note:** You can click on the Calendar icon adjacent to the field and click on a date, or enter the date in the form MM/DD/YYYY, e.g. 09/15/2010.***

2. The *Facility Name* will automatically default to the facility the user is assigned too.

3. Click on the *Admitting Provider* drop down menu and select the Clinician requesting the Authorization. (The “Admitting Provider ID” will automatically populate once the “Admitting Provider” is selected).

4. If Admitting Provider drop down is blank or to add another clinician click the search icon. In the Provider Search enter Last Name or an ID Type, click Search and once located you can “Add Selected to Preferred Clinician List”.

5. Select the unit from the Unit dropdown, if applicable.

6. Add “Attending Provider” – Attending and Admitting providers can be the same.

7. Select the Attending Provider from the drop down or use the search button to search.

8. Click on the “Next: Admission Diagnosis” button.

9. *(This moves the Provider Information into the Authorization Request, and moves you to the next tab – Admission Diagnosis).*

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**Please note:** At this point in the admission process the *Save* button has been enabled, allowing users save progress and return to the landing page. The entry will show as *Incomplete* in the status field on the landing page and is available for modification by another user or the current user to finalize admission criteria.
Step 3: Admission Diagnosis

The Diagnosis tab allows you to choose one or more admission diagnoses for the requesting Authorization.

1. Search for the diagnosis using one of the following methods:
   a. Part of the clinical diagnosis description (e.g. “Heart Failure”)
   b. ICD-10 or DRG code (e.g. “I50.22”)
2. When you find the appropriate diagnosis code, click the “select” button next to the diagnosis.
   *(The Diagnosis is added into the Authorization Request on the right-hand side).*
3. The first chosen Diagnosis will be the Primary one for the admission, information will load in the bottom half of the screen. Select the Admission Type by using the “Admission Type” drop down. Admission options are Observation, Medical or Surgical.
4. Repeat Procedure steps 1-2 to include additional diagnoses if desired.
5. Click the “Next: Admission Criteria” button to move to the next tab.
Step 4: Admission Criteria

The Admission Criteria tab allows you to select the criteria for the admission event for which you are submitting an Authorization Request.

1. Select the criteria for your review
   a. Criteria that is mapped to the diagnosis code will be enabled. ***If you want to use a condition that has not been enabled go to the bottom of the screen and click the box labeled [Allow Unmapped Diagnosis]. This will allow all Admission Criteria types will be enabled.
   b. The criteria is based on the Admission Criteria chosen on the Admission Diagnosis tab.

2. Click “Select” next to the admission description to begin the Authorization Review.
   a. If you select the wrong admission criteria, click “Change Selected Criteria” to delete the selection from your request and choose again.

3. Click the “Next: Admission Review” to begin the InterQual process.
Step 5: Perform Admission Review
Clear Coverage will display the InterQual criteria for the care, this is very similar to information found in the InterQual publications.

1. Click on the “Next: Admission Review” button to launch the Medical Review.
2. Click on the “Launch: Medical Review”.
3. Tabs are selectable to enter the patient’s health details for each day. Select Episode Day 1.
4. Open the Dropdown Criteria for your admission; for example if admission is Acute hit the Plus sign to the Left of the Acute.
5. Provide the appropriate responses for your specific patient and clinical situation. The yellow sticky notes can be clicked on to provide greater detail a condition. The blue sticky notes can be clicked on to address Intervention of a condition.
6. Upon completion of the Medical Review, you will receive an outcome on the medical appropriateness of the admission based upon the best current evidence available:

[Images of criteria not met and acute criteria met]

7. Click **Save**.

![Inpatient Admission Authorization Request](image)

*** **Note**: If the Submit button is not enabled, hover over the submit button to determine what information is missing from your request.
Step 6: “Save” or “Submit” an Authorization

1. Verify all 6 Sections of the Authorization Request are filled out and complete.

2. Is Medical Review complete? Make sure you have provided all details of the patient’s condition and care that the Medical Review contained. Once a review has been submitted you are unable to alter your responses in the criteria.

3. If you need to come back to Medical Review or if you are not sure about information within the authorization Click on the “Save” button.

4. IMPORTANT! If the review is not submitted to Blue Cross and Blue Shield of Nebraska the care is not authorized and there is no record of the review being completed.

5. If you are confident in the authorization information Click on the “Submit” button.

   a. You will be asked to enter your contact information if this option is turned on.

   ![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.](image)

   b. You will then be asked to input an estimated length of stay if you have this option turned on.

   ![Estimated Length Of Stay](image)

   c. Click “Submit”.

   ![Submit](image)
d. You will then receive an Automatic response to the request:
   1) Your request will show Authorized
   2) Clear Coverage will record the Request with an Internal Reference #, a 12 digit number (Ex. “163421100006”).
   3) If approved, you will see an Approved length of Stay.
   4) If approved you will see the Next Review Date
   5) There will be a printable/viewable PDF – click to view document.
   6) The disclaimer must be acknowledged – check the box
   7) Close the review for the patient.
6. Viewing an authorization can be done from the Landing page (Search Authorization Requests tab).

1. To view the authorization, click the “Open Detail” button.

2. Displayed is the completed authorization with the selected criteria used, days approved and the next review dates. Further details of the options selected can be viewed by expanding the tabs.

3. Printing a copy of the Authorization can be done from this screen. Go to the bottom left of the screen and click on Print. From here you can select the Authorization Summary or the Authorization Full.
Step 7: Adding a Comment or Document – **Criteria Not Met**

The *Comments | Attachments* section allows you to provide any additional notes to support your Authorization Request.

1. In the **Add Comment** box make a note to enable the system to upload medical records. Add any additional notes to support the request (additional medical evidence, etc.) *This is required.*
2. Click the “**Browse**” button to attach a file from your desk top computer.
3. Click the “**Add Comment**” button to submit the comments and records.
4. If unable to electronically send medical records go to the **Save & Print** box create a unique **Fax Cover Sheet** for the patient.

![Image of Inpatient Admission Authorization Request with comments and attachments section highlighted.](image-url)
Creating a Continued Stay Review

If on or before the next Review Date it is determined that the patient will need continued care it is necessary to create a Continued Stay. This can be also used to transition an Observation Admission to an Inpatient Admission.

1. On the Landing page locate the patient.
2. Click the “Action” button next to the patient and select “Add Cont. Stay” from the drop down menu.
3. If applicable you can enter a new Diagnosis if different from the original, or continue on to the Cont. Stay Criteria.
4. Launch Medical Review following the previous processes.
5. Choose the appropriate Episode Day for the care. Complete the InterQual Review.
6. Review may or may not meet Medical Criteria.
7. If criteria not met add any comments/attachments.
8. Save the review.
9. Click “Submit”.
10. Provide Contact information and Submit, acknowledge the disclaimer and close the request.

The Continued stay will show as Approved on the Landing Page:
Creating a Discharge

Locate the patient on the “Authorization Request” tab.

1. Click the “Action” button next to the patient and select “Add Discharge” from the dropdown menu.

2. Screen will open with Discharge Diagnosis. If primary diagnosis has changed you can update the Clear Coverage now.

3. Click the Next: Discharge button.

4. Enter the Discharge Date.

5. Use the drop-down menu to select the “Discharge Deposition”.
   Discharge Disposition Options are:
   a. Home/OTPT Follow Up
   b. Home with HHC – Home Health Care
   c. SNF – Skilled Nursing Facility
   d. INPT Rehabilitation
   e. Acute Inpatient Care

6. Once a disposition is selected the Submit button is enabled. Click “Save” or “Submit”
7. Discharge follow-up or continued care for the patient can be added to the notes. Also records could be loaded to the authorization for continued case management for the patient. Add Comment will send the data to BCBSNE.

8. Once the Add Comment is loaded the documents upload and the Submit button is enabled. Submit the Discharge. System updates itself, changing the Status of the Authorization to Discharge.
Changing the Admission Date

If the admission date changes find the approved authorization on the Landing page and select Open Details from the Action Tab. The authorization is now open for review. On the left hand side is a button labeled Modify Request. Click the dropdown button and see the options displayed. Click on Change Inpatient Admission Date.

A pop-up box will be created allowing you to change the **Inpatient Admission Date**. Change date and click the “Submit” button.

The **Comments** screen in the authorization will show that the admission date has been updated. To see the entire detail click on the “More” button.
Changing the Admitting or Attending Provider

If the admission data needs to be changed find the approved authorization on the Landing page and select Open Details from the Action Tab. The authorization is now open for review. On the left hand side is a button labeled **Modify Request**. Click the dropdown button and see the options displayed. Click on the **Change Admitting Provider** or **Change Attending Provider** whichever is needed.

A search box will populate, research the attending or admitting provider name. Find your provider and click the Submit button.

The **Comments** screen in the authorization will show that the Provider data has been updated. To see the entire detail click on the “More” button.
Resources for your Clear Coverage tool

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

Admission Certification: 800.247.1103