

1. After logging in, click **New Authorization** at the top of the main screen.
2. In the Patient Search tab, search for a patient by entering identification number or last name, first name and date of birth. Click **Search**.
Note that fields with a red asterisk (), if noted, are required to search.*
3. In the Search Results, click **SELECT** next to the patient's name.
4. On Tab1 Patient Data, verify the patient's information, click **Next: Provider**

Inpatient Admission Authorization Request

Request Type: Admission Status: Incomplete

open all close all

Patient: Wekenmann, Earline U

Gender: Female
DOB: 03/22/1981
Age: 35
Eligibility: Eligible
Payer: Blue Cross Blue Shield of Nebraska
Subscriber ID: 3873420
Card ID: EHN827317383
Effective Date: 09/01/2015
Expiration Date: 12/31/9999
Relationship: Self

Provider: ...

Patient: Wekenmann, Earline U

Last Name MI First Name DOB Gender
Wekenmann U Earline 03/22/1981 Female

Primary Address Secondary Address
1448 S 12TH ST
OMAHA, NE 681083539

Eligibility Eligible

Current Coverage
Payment Type: Commercial
Payer: Blue Cross Blue Shield of Nebraska
Designated Processor: 3873420
Subscriber ID: EHN827317383
Card ID: EHN827317383
Effective Date: 09/01/2015
Expiration Date: 12/31/9999

Past Coverage Future Coverage
Relationship: Self
Plan:
Product: Network Blue
Group: 202252

Search For Another Patient Change Payment Type << Back Next: Provider

5. In the Provider Tab, select the Admission Date followed by the Admitting Provider, Unit: select Acute and then Attending Provider from the preferred clinician list. You may also choose a provider by clicking on the icon. Click **Next: Admission Diagnosis**.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: * 11/29/2016 Why can't I select a specific date?

Facility Name: * Nebraska BCSBS Requesting Facility 1

Requesting Clinician: * --select-- Select Other Clinician

Primary Specialty:

Requesting Clinician NPI:

6. In the Admission Diagnosis tab, search for a specific billable Diagnosis use ICD-10 codes or key words, one diagnosis must be selected by there can be additional use. Click **Select**, next to your choices. At the bottom of the screen chose an Admission Type- Observation, Medical or Surgical. Click **Next: Admission Criteria**.

Inpatient Admission Authorization Request

Request Type: Admission Status: Incomplete

open all close all

Patient: Thurness, Loria N

Provider: ABRAHAM, MARK, MD-

Admission Diagnosis: ICD-10 (1) | DRG (0)

Admission Type: Medical
ICD-10s
G43.A1 CYCLICAL VOMITTING, INTRACTABLE
DRGs

Admission Criteria: ...

Admission Diagnosis: ICD-10 (1) | DRG (0)

ICD-10 DRG

ICD-10 Lookup: vomit Clear

| ICD-10 | Description | Billable |
|--------|---------------------------------------|----------|
| G43 | MIGRAINE | |
| G43.A | CYCLICAL VOMITTING | |
| G43.A0 | CYCLICAL VOMITTING, NOT INTRACTABLE | |
| G43.A1 | CYCLICAL VOMITTING, INTRACTABLE | |
| J69 | PNEUMONITIS DUE TO SOLIDS AND LIQUIDS | |

| Primary | Type | Code | Description | Admission Type | Remove |
|---------|--------|--------|---------------------------------|----------------|--------|
| * | ICD-10 | G43.A1 | CYCLICAL VOMITTING, INTRACTABLE | --select-- | |

Observation
Medical
Surgical
--select--

<< Back: Provider Next: Admission Criteria >

7. In the Admission Criteria tab, scroll to find the appropriate diagnosis category of the admission. Click **Select** next to the appropriate description and then click **Next: Admission Criteria**.

Inpatient Admission Authorization Request
 Request Type: Admission Ref #: 163371400008 Status: Incomplete

open all close all

Patient: Thurness, Loria N
 Provider: ABRAHAM, MARK, MD-

Admission Diagnosis: ICD-10 (2) | DRG (0)
 Admission Type: Medical
 ICD-10s
 G43.A1 CYCLICAL VOMITING, INTRACTABLE
 G43.A0 CYCLICAL VOMITING, NOT INTRAC...

Admission Criteria: Adult: Medical
 Admission Review: Not Started

Save & Print

Admission Diagnosis: ICD-10 (2) | DRG (0)
 ICD-10 DRG
 ICD-10 Lookup: vomiting

| ICD-10 | Description | Billable |
|--------|---|----------|
| G43.A0 | CYCLICAL VOMITING, NOT INTRACTABLE | |
| G43.A1 | CYCLICAL VOMITING, INTRACTABLE | |
| K91 | INTRAOPERATIVE AND POSTPROCEDURAL COMPLICATIONS ... | |

Primary Type Code Description Admission Type Remove
 ★ ICD-10 G43.A1 CYCLICAL VOMITING, INTRACTABLE Medical

<< Back: Provider Next: Admission Criteria >>

Submit Save Close

8. Click on **Next: Admission Review Medical Review**. Screen displays InterQual criteria. **Select Next: Admission Review** again.

9. Select **Review** for your **Admission Type: Observation; Acute Intermediate or Critical**. Click on the Plus Sign **+** to expand the options. Select findings of care and system will calculate the criteria to advise if care meets criteria. Select **Save**.

Inpatient Admission Medical Review
 Patient: Thurness, Loria N

General Medical
 Version RM16.1

Acute Criteria Met InterQual

Episode Day 1 Episode Day 2 Episode Day 3-X

Episode Day 1: One

Sodium > 150 mEq/L (150 mmol/L)
 Urine osmolality < 200 mOsm/kg (200 mmol/kg)
 Urine specific gravity < 1.003

Intervention, All:
 Desmopressin or vasopressin ≥ 2x/24h (includes PO or intranasal)
 Intake and output monitoring
 IV fluid

Submit Episode Day 1 at: Level of Care: Acute

Submit Episode Day 1 at Level of Care: Acute

Save Cancel

10. If the Criteria was met, **Submit** the request.

11. If not Select **Next: Comments/Attachments**. add any notes or supporting documentation. Upload or Fax in documentation.

Inpatient Admission Authorization Request
 Request Type: Admission Ref #: 163371400008 Status: Not Submitted

open all close all

Patient: Thurness, Loria N
 Provider: ABRAHAM, MARK, MD-

Admission Diagnosis: ICD-10 (2) | DRG (0)
 Admission Criteria: Adult: Medical
 Admission Review: Criteria Met
 Episode Day 1: Acute
 Level of Care: Acute Criteria Met

Admission Review (Required)

General Medical
 Acute Criteria Met

Episode Day 1: Acute
 Level of Care: Observation
 Level of Care: Acute Criteria Met
 Level of Care: Intermediate

<< Back: Admission Criteria Next: Comments | Attachments >>

Submit Save Close

12. Provide **Contact** information and click **Submit**.

13. Estimate the Length of Stay; click **Submit**.

14. Clear Coverage will then calculate an approved length of stay. That information will populate – an approval letter will be available – **download the PDF** to save and share with the member.

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: Christine Last Name: French

Phone Number: e.g. (555) 555-1212
 (402) 555 - 5555 Ext:

Submit Cancel

Estimated Length Of Stay

Payer requires all inpatient authorization requests to have an estimated length of stay from the requesting office. Please provide the estimated length of stay for this request.

Estimated Length Of Stay in days 4

Submit Cancel

Authorization Submitted

Reference #: 163371400008
 Payer Certification #: CC2016120200025
 Authorization Status: Authorized
 Admission Date: 12/02/2016
 Category: Adult: Medical
 Criteria: General Medical

Approved Length of Stay: 4 days
 Estimated Length of Stay: 4 days
 Next Review Date: 12/06/2016

View Request (PDF) >>

I have read the disclaimer on the authorization request PDF

Close