#### **CLEAR COVERAGE AUTHORIZATION TIP SHEETS**

Click on the link below to access the tip sheet.

Urgent Inpatient Authorization for Business Office Staff

Elective Chemotherapy Inpatient Admission Authorization for Business Office Staff

Elective Chemotherapy Inpatient Admission Authorization for Utilization Review Staff

Elective Epilepsy Inpatient Admission Authorization for Business Office Staff

Elective Epilepsy Inpatient Admission Authorization for Utilization Review Staff

Step 1: Log in	https://www.univerahealthcare.com/wps/portal/uv
to the Univera Healthcare provider portal	Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
Step 2: Complete benefits and eligibility check within the provider portal	If needed, please contact your provider relations representative for instructions.
Step 3: Click on the "Referrals and Auths"	Welcome Tracy!       Log Out   Modify My Profile   Change My Password         Search       Search         Text Size       A (A)       Printer Friendy         provider home       coverage & claims       referrals & auths       coding & billing       prescriptions       patient care       education       contact us
Step 4: Select	request authorization
"Medical"	- Select Type of Care -
from the "Request Authorization" "Options via Clear Coverage™ for Inpatient"	- Select Type of Care - <i>Options via Clear Coverage - Outpatient</i> Behavioral Health Medical Physical, Occupational & Speech Therapy Specialty Medications Surgery <i>Options via Clear Coverage - Inpatient</i>
drop-down	Medical Surgery (Urgent Admissions)
list	Options via CareCore
	CareCore Services Other Options
	Surgical & Other Care







Step 10: Click	🗉 Patient: TestPatient30, Liam					
"Change	Last Name         MI         First Name         DOB         Gender           TestPatient30         Liam         04/25/1989         Male					
Daymont	Primary Address Secondary Address Test Addr 6					
	TesteVille, NY 14454 Home: 000000000					
Type"	Eligibility 🧇 Eligible					
	Current Coverage Payment Type: Commercial Payer: Health Plan Relationship: Other -					
	Designated Processor:         Plan:         00012000           Subscriber ID:         EXLTST030         Product:         00592002					
	Card ID: Effective Date: 11/01/2012 Group: 000014750001A001 - Body By Terry LLC-Body By Terry L Expiration Date: 09/13/2199					
	Search For Another Patient   Change Payment Type					
Stop 11.						
Step 11.	Payer Plan Product Group Subscriber ID Card ID					
Select the	select Health Plan 00012000 00592002 Body By Ter EXLTST030					
correct						
coverage						
Step 12: Click	Search For Another Patient Change Dayment Tune					
"Next						
Provider>>"						
Step 13:	Inpatient Admission Authorization Request X					
Select and	ିଙ୍କ open all ିଙ୍କ close all 🔮 Provider 🚱 Help					
enter the	La Patient: TestPatient30, Lism  Gender: Male Admission Date: 4: MM/DD/YYY (min)					
"Admission	DOB: 04/25/1989					
Date"	Age: 25 Eligibility: V Eligible Awaiting Admission Date Selection					
Date	Payer:         Health Plan           Subscriber ID:         EXUTST030   An admission date must be entered before a provider can be specified					
NOTE: Can	Card ID:					
hackdate 5	Expiration Date: 09/13/2199					
days or go						
forward 00	+ U Provider: ***					
	Admission Criteria:					
days	+ () Admission Review: ···					
	+ Comments   Attachments: (0/0)					
	<< Back: Patient Next: Admission Diagnosis >>					
	Save & Print Submit Save Close					

Step 14: Conduct admitting provider search, OR choose provider from dropdown list	Provider  Admission Date: *  Facility Name: Strong Memorial Hospital- 000000000745  Admitting Provider: *  Admitting Provider NPI: Unit: *  Specify Attending Provider  NOTE: for detailed instructions on provider search, refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations"
	<< Back: Patient
Step 15:	A Provider 😝 Help
"Provider	Admission Date: 🗶 08/12/2015
Location"	
dropdown	Facility Name: Sample Hospital
arrow and	Admitting Provider NPI: 1033181755
select the	Provider Location: *
2" address	Unit: 120 GARDENVILLE PKWY
that	Buffalo, NY 14224 Identifier: 00000006519 Conversion
corresponds	Specify Receiving P Sequence: 1
correctly with	1185 Sweethome Rd Amberst, NY 14226
the provider's	Identifier: 00000006519 Select "Sequence: 2"
"Identifier"	NOTE: There may be more than one
number	"Sequence: 2" address. Scroll down
(Facets	as needed to ensure that you have
number) and address.	chosen the correct address.

Stop 14	🔮 Provider
Step To:	
Select	Admission Date: * 08/12/2015
"Medical"	Facility Name: Training Hospital-Linked
from the	Admitting Provider NPI:
"Unit" drop	Provider Location: * 1185 Sweethome Rd
"Unit" drop-	Unit: *select   *
down list	Specify Attending P Epilepsy
	Medical
	Transfer
	Section Contemporary Contemp
	Submit Save Close
Step 17: Click	
"Next:	<< Back: Patient Next: Admission Diagnosis >>
Admission	
Aumission	
Diagnosis>>"	
Step 18:	2 Admission Diagnosis
Enter the	ICD-9 DRG
PRIMARY	ICD-9 Lookup: Clear
diagnosis	
and	Enter search criteria above to find a diagnosis
code	
Step 19: Click	Inpatient Admission Authorization Request X
"Select" to	Ref #: Request Type: Admission Authorization #: Status: 🕕 Incomplete Total Approved LOS: Next Review Date:
	Image: Comparison of the second se
add the	Gender: Male
PRIMARY	DOB: 04/25/1989 ICD-9 Lookup: pneumonia Clear
diagnosis	Age: 25 ICD-9 Description Billable
codo	Payer: Health Plan
COUC	Subscriber ID: EXLTST030 041.3 KLEBSIELLA PNEUMONIAE
NOTE	Card ID: 055.1 POSTMEASLES PNEUMONIA
Vou must onsure	Expiration Date: 09/13/2199
that you choose	Relationship: Other III
a "hillable" code	Select 115.95 HISTOPLASMOSIS, UNSPECIFIED, PNEUMONIA
A hillable code	+ Q Admission Diagnosis: ····
will have a green	Admission Criteria: ···     Admission Criteria: ···     Admission Criteria: ···
chockmark	Primary Type Code Description Admission Type Remove
Fundana d	
Expired	
coues cannot be	<
codes appear	Save & Print v Submit Save Close
with a question	
mark 🚰	

Step 20: Click	Primary	Туре	Code	Description	Admission Type		Remove	
the	*	ICD-9	115.05	INFECTION HISTOPLASMA CAPSULA	select	•	Ê	
"Admission					Chemo			
Type" dron-					Maternity			
down and				CC Back: B		sion C	ritoria >>	
				V Dack. P	Elective			
Select								
"Urgent"	Inpatient Adr	nission Autho	rization Reques	*				×
Step 21: Click	Request Type:	Admission St	atus: 🛕 Not Submi	ted		_	_	
"Submit"	• open all	Close all	Declan	Admission Diagnosis: ICD-9 (1 200 a 2000)	)   DRG (0)			🔞 Help
	🕂 🦆 Provi	der: LOCKWOO	D, RICHARD, MD	ICD-9 Lookup: 115.05				Clear
	Admission Type	ssion Diagno	sis: ICD-9 (1)   D	ICD-9	Descripti	on		Billable
	ICD-9s 115.05 II DRGs	NFECTION HISTOR	PLASMA CAPSUL	▼ □ 115.0 INF	ECTION HISTOPLASMA CAPSU		ONIA	8
		alan Caltania	- Not Required	Select				
	🕂 🚺 Admis	ssion Review	: Not Required					
	🛨 🥽 Comr	nents   Atta	chments: (0/0)					
				Primary Type Code Descript	Ion	Admission T	уре	Remove
				★ ICD-9 115.05 INFECTIO	N HISTOPLASMA CAPSULAT	Urge	nt 🔻	
						T.		
					<< Back: Provider	] [ Next: Cor	mments   Attach	ments >>
	Save & Print	1.	· ]				Submit Sa	Close
Step 22: Add	Payer	NYEXCL provide	contact d	entact details for all submitted etails (a name and a phone nu	authorizations. Imber) below			
a phone	First	Name:	The to mins	Last Name:				
number	Susa	n e Numbe	r: e.g. (555	ne ) 555-1212	_			
(name auto	( 555	5 ) :	555 -	5555 Ext 5555				
populates)				S	ubmit Cance			
Step 23: Click	Payer	NYEXCL	requires co	intact details for all submitted	authorizations.			
the	Please and p	e provide press subr	nit to finis	etails (a name and a phone nu h the request.	imber) below			
"Submit"	First I Susa	Name: n		Last Name:				
button	Phon	e Numbe	r: e.g. (555	) 555-1212				
button	( 555							
				S	ubmit Cance		_	
Step 24:	Authoriz	ation Sul	omitted					
Click "View	Refe	rence #:		150630800006				
Request	Paye	r Certificat	tion #:	MC0010179				
(PDF)>>" if	Adm	ission Dat	e:	03/04/2015				
you wish to	Cate	gory:		Adult : Medical				
print or	Crite	eria:	th of C	Infection: Pneumonia				
electronically	Next	Review Da	ate:	03/18/2015				
save a copy	Vie	w Reques	t (PDF) >>	<b></b>				
of the								
authorization						Close		
roquest								
Step 25: Click								
"Close"								

Step 1: Log in	https://www.univerahealthcare.com/wps/portal/uv
to the Univera Healthcare provider portal	Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
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Step 3: Click on the "Referrals and Auths" tab	Welcome Tracy!       Log Out   Modify My Profile   Change My Password         Search       Search         Text Size       A A       Printer Friendy         provider home       coverage & claims       referrals & auths       coding & billing       prescriptions       patient care       education       contact us
Step 4: Select "Medical" from the "Request Authorization" "Options via Clear Coverage™ for Inpatient" drop-down list	request authorization         - Select Type of Care -         - Select Type of Care -         Options via Clear Coverage - Outpatient         Behavioral Health         Medical         Physical, Occupational & Speech Therapy         Specialty Medications         Surgery         Options via Clear Coverage - Inpatient         Medical         Surgery         Options via Clear Coverage - Inpatient         Medical         Surgery (Urgent Admissions)         Options via CareCore         CareCore Services         Other Options         Surgical & Other Care





## Clear Coverage<sup>™</sup> Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 5: Enter your Facets Provider ID and Provider NPI number and click "Next"	Welcome Tracy:       Log Out / Modry My Profile Change My Password         Windext Links       reformals & autos         Nortick Links       reformals & autos         Wnyhealthenet.org       CareCore Services         Request Surgical & Medical Auths       Please enter Facets Provider ID and Provider NPI:         Varies Services       Previder Provider         Search for Providers       Please enter Facets Provider ID and Provider NPI:         Provider NPI:       Provider NPI:         Description       Provider NPI:
Step 6: Click	Constant and a Description of the Manufacture
on "New	Authorization Requests
Authorization"	
Step 7: Enter	Institute Admission Authorization Request         X           If all all measure types         Authorization (g) features tipes         Total Agreement (id);         Name Receive (id);
the patient's	12 open all      Asses all
first name,	Patient-Payment Selection Needed
and date of	Provider:     Admission Diagnosis:
birth	Comments   Attachments: (%)
Step 8: Click "Search"	🖶 Patient 🔞 Help
	Kast Name      Kirst Name Subscriber/Card      X DOB Gender
	testpatient30 liam 04/25/1989 🗃select 🔻 🥵
Step 9: Click "Select"	Search Results: Patients
	Name         DOB         Gender         Default Payer
	select TestPatient30, Liam 04/25/1989 Male Health Plan

## Clear Coverage<sup>™</sup> Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 10: Click	E Patient: TestPatient30, Liam						
"Change	Last Name         MI         First Name         DOB         Gender         Image: Comparison of the second se						
Dourmont	Primary Address Secondary Address						
Payment	TesteVille, NY 14454 Home: 000000000						
Type"	Eligibility 🥜 Eligible						
	Current Coverage Payment Type: Commercial Payer: Health Plan Relationship: Other -						
	Designated Processor:         Plan:         00012000           Subscriber ID:         EXLTST030         Product:         00592002						
	Card ID: Effective Date: <b>11/01/2012</b> Group: <b>000014750001A001 - Body By Terry LLC-Body By Terry L</b> Expiration Date: <b>09/13/2199</b>						
	Search For Another Patient   Change Payment Type     << Back Next: Provider >>						
Sten 11.							
Soloct the	Payer Plan Product Group Subscriber ID Card ID						
Select the	select Health Plan 00012000 00592002 Body By Ter EXLTST030						
correct							
coverage							
Stop 12: Click							
Step 12. Click	Search For Another Patient Change Payment Type <<< Back Next: Provider >>						
INEXI Dravislar							
Provider>>"							
Stop 12:	Inpatient Admission Authorization Request X						
Scloct and	Ref #:       Request Type: Admission       Authorization #:       Status: () Incomplete       Total Approved LOS:       Next Review Date:         R::       Open all       P::       Open all       P::       Open all       Image: P::						
	Particular TestPatient30, Liam     Admission Date: # MV/DD/YYY Im						
enter the	DOB: 04/25/1969 Age: 25						
"Admission	Eigiblity:     Image: Bigible       Payer:     Health Plan   Awaiting Admission Date Selection						
Date"	Subscriber ID:         EXUTST030         An admission date must be entered before a provider can be specified.						
NOTE Our	Effective Date: 11/01/2012 Expiration Date: 09(13/2199						
NOTE: Can	Relationship: Other						
backdate up	O Admission Diagnosis: ···						
to 5 days	+ Admission Criteria: ···						
	O Admission Review: ···						
	<< Back: Patient						
	Save & Print v Submit Save Close						

# Clear Coverage<sup>™</sup> Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 14:	A Provider	
Conduct	Admission Date: 🔆 03/03/2015 📖	
admitting	Facility Name: 46	
provider	Admitting Provider: *select	
search. OR	Unit: <b>*</b>	
choose	Specify Attending Provider	
provider from	NOTE, for detailed instructions on	
dropdown list	NOTE: TOF detailed Instructions on provider search, refer to the "Provider	
	Resource Guide for Acute	
	Medical/Surgical Inpatient Admission	
	Authorizations"	
	<< Back: Patient Next: Admission Diagnosis >>	
Step 15:	🔮 Provider 😧 😧 Help	
Click the		
"Provider	Admission Date: 💥 08/12/2015	
Location"	Facility Name: Sample Hospital	
dropdown	Admitting Provider: 💥	
arrow and	Admitting Provider NPI: 1033181755	
select the	Provider Location: *select	
"Sequence:	Unit: 120 GARDENVILLE PKWY	
2" address	Buffalo, NY 14224 Identifier: 00000006519	
that .	Specify Attending Pr Sequence: 1	
corresponds	1185 Sweethome Rd	
correctly with	Amherst, NY 14226 Identifier: 00000006519 Soloct "Socuence: 2"	
the provider's	Sequence: 2 Select Sequence: 2	
assigned	NOTE: There may be more than one	
number	"Sequence: 2" address. Scroll down	
number (Feeste	as needed to ensure that you have	
(Facels	chosen the correct address.	
addross		
Ston 16:	🔏 Provider 🕢 🖗	lelp
Select	Admission Date: 🗰 08/12/2015	
"Chemo"	Facility Name: Training Hospital-Linked	
from the	Admitting Provider NPI: 1033181755	
"Unit" dron-	Provider Location: * 1185 Sweethome Rd  Unit: *select	
down list	Specify Attending P Epilepsy	
	Maternity Medical	
	Transfer	
	VERY IMPORTANT:	
	SELECT CHEMO	
	< Back: Patient Next: Admission Diagnosis	Close
1	Stomic Save	

Step 17: Click "Next: Admission Diagnosis>>" Step 18:	<< Back: Patient       Next: Admission Diagnosis >>         O Admission Diagnosis       Image: Page
	ICD-9 DRG
PRIMARI	ICD-9 Lookup:
code	Enter search criteria above to find a diagnosis
Step 19: Click	Inpatient Admission Authorization Request X
"Select" to	Ref #:       Request Type: Admission       Authorization #:       Status: Image: Incomplete       Total Approved LOS:       Next Review Date:
add the	Cose all     Cose all
PRIMARY	Provider: LOCKWOOD, RICHARD
diagnosis	O Admission Diagnosis:      ICD-9      Cookup: Integration      ICD-9      Description      Billable
ando	► C 147 MALIGNANT NEOPLASM OF NASOPHARYNX S ▲
code	Diagnosis Selection Needed
NOTE	► 149 MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED STELL.
NOTE:	Admission Criteria: ···     V 151     MALIGNANT NEOPLASM OF STOMACH
You must	Admission Review:
ensure that	Comments   Attachments: (0/0)
vou choose a	select 151.3 MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
"hillahlo"	select 151.4 MALIGNANT NEOPLASM OF BODY OF STOMACH
	Primary Type Code Description Admission Type Remove
COUE. A	
billable code	
will have a	
green	<< Back: Provider Next: Admission Criteria >>
checkmark	Save & Print Submit Save Close
Expired codes cannot be used. Expired codes appear with a question	
mark 🥦	

Step 20: Click	Primary	Туре	Code	Description	Adm	ission Type	Remove
the	*	ICD-9	151.1	MALIGNANT NEOPLASM OF PYLORUS		select	Ē
"Admission		_				Chemo	
Type" drop-			IMPOF	RTANT: Must select Chemo		select	
down and		Income				Maternity	
select				<< Back: Pro	ovide	Urgent	Criteria >:
"Chemo"						Elective	
Step 21: Click	Contractor						
"Save"	Subm	Sa	ve Ci	ose			
Step 22: Click	1.0.00		No.				
"Close"	Subm	it Sa	ve Cl	ose			
01030	-		_				



#### UniveraHealthcare.com/Provider



Step 5: Enter the	And the second of Burn rational of Control and
patient's name and/or	P Automization Requests B New Automization K Amministration
reference number into	Search Innatient Authorization Requests and Notifications
the search fields	
	Patient Last Name Patient First Name
	Sand Char
	Date Greated Status Request Type Payer Subscriber/Card AdmittingProvider Reference Type Reference Number
Step 6: Click "Search"	Reliast on New State Free News
	Patient Last Name Patient Pits Name
	Testpatent30 Liam
	Date Created Status Request Troe Paver Subscriber/Card Admitting Provider Reference Troe Reference Number
Step 7: Locate the	Created Patient Payer Admit Date Next Review Date Request Type Status Product
correct "Incomplete"	Action v 03/04/2015 TestPatient30, Lis Health Plan 03/04/2015 Admission Incomplete
authorization request	Open Detail 33/2015 TestPatient30, Lie Health Plan 03/03/2015 Admission 🕕 Incomplete Adult: Medica
and select "Open Detail"	
from the "Action" drop-	
down	
Step 8: Click on the	Patient: TestPatient30, Liam
"Admission Diagnosis"	Gender: Male
accordion	DOB: 04/25/1989
	Age: 25
	Eligibility: V Eligible
	Subscriber ID: EXLTST030
	Card ID: Click on the word "Admission
	Effective Date: 11/01/2012 Diagnosis" and not the + sign
	Expiration Date: 09/13/2199
	Relationship: Other
	F SProvider: LOCKWOOD, F RD
	+ 😵 Admission Diagnosis: ICD-9 (1)   DR
	Admission Criteria: Adult Medical
	Admission Review: Not Started
	• Comments   Attachments: (0/0)





Step 16: If " <b>Acute</b> <b>Criteria Met</b> ", click "Save" If "Acute Criteria Not Met", skip to step 18	CHEMO (Custom) - EHP Version RM14 ✓ Episode Day 1 Episode Day 1: One ✓ ACUTE, One: CHEMOTHERAPY ③ □ Inpatient Chemo Admission for Blincyto (blinatumomab) OTHER CHEMOTHERAPY ✓ Inpatient Chemo	€ Acute Criteria Met Custom Custom Custom Custom Custom Custom
Step 17: Click "Submit" Skip to Step 24	Submit Episode Day 1 at: Level of Care: Acute 🔹	Save Cancel
Step 18: If "Acute Criteria Not Met": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"	Inpatient Admission Medical Review         Patent: TestPatient30, Liam         CHEMO (Custom) - EHP         Version RN14         Episode Day 1         Episode Day 1: One         CHEMOTHERAPY         O M Inpatient Chemo Admission for Blincyto (blinatumomab)         OTHER CHEMOTHERAPY         Inpatient Chemo         Submit Episode Day 1 at:         Level of Care: Acute         Level of Care: Acute	Criteria Not Met Custom
Step 19: Click "Save"	Submit Episode Day 1 at Level of Care: Acute	Save Cancel
Step 20: Click "Next: Comments   Attachments>>"	< Back: Admission Criteria Next: C	Comments   Attachments >>

Step 21: Type free	Second comments     Attachments: (0/0)       Date     Time     Author     Comment       Attachments
text field	
And/or:	
Click the "Browse"	
attachments as needed	Add Comment / Attachment Attachments (0): Browse
	A comment is required a
	I ype any supporting documentation in this box. There is a 4000 character limit.
	Add Commant 0 of 4000 C Back: Admission Review R6xt >>
Step 22: Click "Add Comment"	Add Comment S of 4000 <<< Back: Admission Review Next >>
Step 23: Click "Submit"	Submit Save Close
Step 24: Add a phone number (name auto populates)	Payer NYEXCL requires contact details 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:         Susan       ne         Phone Number: e.g. (555) 555-1212       Ext 5555         ( 555 )       555 - 5555         Submit       Cancel
Step 25: Click the	Payer NYEXCL requires contact details for all submitted authorizations. Please provide contact details (a name and a phone number) below
Submit button	First Name:
	Phone Number: e.g. (555) 555-1212
	Submit Cancel
Step 26: Click "View	Authorization Submitted
kequest (PDF)>>" If you wish to print or	Reference #:     150691400000       Payer Certification #:     MC0010470       Authorization Status:     Image: Authorized
electronically save a copy	Admission Date: 03/16/2015 Category: Adut : Medical
of the authorization request	Criteria: CHEMO (Custom) - EHP Approved Length of Stay: 10 days Next Review Date: 03/26/2015
	View Request (PDF) >>
Step 27: Click "Close"	Close



an excellus company

Step 6: Click on "New Authorization"	Authorization Requests New Authorization
Step 7: Enter the patient's last name, first name and date of birth	Impatient Admission Authorization 61       Status: @ Incomplete       Total Approved IOS:       Mext Review Date:         Impatient:       Impatien:       Impatient:       Impatient:
Step 8: Click "Search"	Patient       Image: Help         * Last Name       * First Name       Subscriber/Card       * DOB       Gender         testpatient30       Iiam       Image: Help       Image: Help         Clear       04/25/1989       Image: Help
Step 9: Click "Select"	Name       DOB       Gender       Default Payer         select       TestPatient30, Liam       04/25/1989       Male       Health Plan
Step 10: Click "Change Payment Type"	Patient: TestPatient30, Liam     Patient: TestPatient30, Liam     Post Address     TestPatient30     Liam     O4/25/1989     Male     Primary Address     Secondary Address     Test Addre     TestAddre     TestAddre     TestAddre     TestAddre     Current Coverage     Payment Type:     Commercial     Payer:     Mealth Plan     Relationship:     Other     Payer:     Designated Processor:     Subscriber ID:     EXLTST030     Product:     O00014750001A001 - Body By Terry LLC-Body By Terry L Expiration Date:     O9/13/2199     Secondary Type:     Commercial     Payment Type:     Commercial     Coverage     Coverage



Step 15: Click	🔮 Provider	👩 Help
Location"	Admission Date: 💥 08/12/2015	
dropdown arrow	Facility Name: Sample Hospital	
and select the	Admitting Provider: 🖌	
"Sequence: 2"	Admitting Provider NPI: 1033181755	
	Provider Location: *	
correctly with	120 GARDENVILLE PKWY	
the provider's	Buffalo, NY 14224 Identifier: 00000006519	
assigned	Specify Attending Pr Sequence: 1	
"Identifier"	1185 Sweethome Rd	
number (Facets	Amherst, NY 14226 Identifier: 00000006519 Select "Sequence: 2"	
number) and	Sequence: 2	
address.	NOTE: There may be more than one	
	"Sequence: 2" address. Scroll down	
	as needed to ensure that you have	
	chosen the correct address.	
Step 16: Select	ne Provider	🔞 Help
"Epilepsy" from	Admission Date: # 08/12/2015	
the "Unit" drop-	Admitting Provider: *	
down list	Provider Location: * 1185 Sweethome Rd	_
	Specify Attending P Epilepsy	
	Medical Transfer	
	Sack: Patient Next: Administration (Next: Administration)	ssion Diagnosis >>
Stop 17. Oliok	Subi	mit Save Close
Step 17: Click	<pre>&lt;&lt; Back: Patient Next: Admission Diagnosis &gt;&gt;</pre>	
Admission		
Diagnosis>>"		
Step 18: Enter	2 Admission Diagnosis	
the PRIMARY	ICD-9 DRG	_
diagnosis code	ICD-9 Lookup:	
	Enter search criteria above to find a diagnosis	
1		



## Clear Coverage™ Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

Step 1: Log in	https://www.univerahealthcare.com/wps/portal/uv
to the Univera Healthcare provider portal	Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process
Step 2: Click on the "Referrals and Auths" tab	Welcome Tracy!       Log Out       Modify My Profile       Change My Password         University       Search       Search         Text Size       Image: A search       Text Size       Image: A search         provider home       coverage & claims       referrals & auths       coding & billing       prescriptions       patient care       education       contact us
Step 3: Select "Medical" from the "request authorization" "Options via Clear Coverage™ for Inpatient" drop- down list	request authorization         - Select Type of Care -         Options via Clear Coverage - Outpatient         Behavioral Health         Medical         Physical, Occupational & Speech Therapy         Specialty Medications         Surgery         Options via Clear Coverage - Inpatient         Medical         Surgery (Urgent Admissions)         Options via CareCore         CareCore Services         Other Options         Surgical & Other Care
Step 4: Enter your Facets Provider ID and Provider NPI number and click "Next"	Welcome Tracy! Log Out   Modify My Profile   Change My Password   Welcome Tracy! Log Out   Modify My Profile   Change My Password NOTE: If you are a new user, please revider home coverage & claim referrats & auths Ourick Links wryhealthenet.org CareCore Services Request Surgical & Medical Auths Clear Coverage Auth Tool UM Appeals & Grievances Search for Providers Eacts Provider ID Medical Auths Clear Coverage Auth Tool UM Appeals & Grievances Search for Providers Important: Authorization requests/documentation received via Clear Coverage after 5:00 p.m. on Friday, and on weekends or holidays, will not be processed until the next business day. If you have an urgent request for care within 48 hours, please call the Medical Intake Unit at 1:800-363:4658.



## Clear Coverage<sup>™</sup> Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

Step 5: Enter the patient's name and/or reference number into the search fields	Authorization Requests        New Authorization        Administration      Search Inpatient Authorization Requests and Notifications      Patient Last Name     Patient First Name      Date Created Status Request Type Payer Subscriber/Card Admitting Provider Reference Type Paters Reference Number:
Step 6: Click	Patient Last Name Patient First Name
"Search"	Testpatient30       Liam         Date Greated       Status       Request Type       Payer       Subscriber/Card       Admitting Provider       Reference Type       Reference Number         Last7 Days       N       All       V       All       V
Step 7: Locate the correct "Incomplete" authorization request and select "Open Detail" from the "Action" drop- down	Created       Patient       Payer       Admit Date       Next Review Date       Request Type       Status       Product         Action       03/04/2015       TestPatient30, Liz       Health Plan       03/04/2015       Admission       1       Incomplete         Open Detail       03/2015       TestPatient30, Liz       Health Plan       03/03/2015       Admission       1       Incomplete       Adult: Medica
Step 8: Click on the "Admission Diagnosis" accordion	Patient: TestPatient30, Liam   Gender: Male   DOB: 04/25/1989   Age: 25   Eligibility: Igible   Payer: Health Plan   Subscriber ID: EXLTST030   Card ID: Click on the word "Admission   Effective Date: 11/01/2012   Expiration Date: 09/13/2199   Relationship: Other   Image: Image:   Image: Image:   Image: Cockwood   Image: Image:   Image: Image:   Image: Admission Diagnosis:   Image: Image:   Image: Admission Review:   Image: Not Started   Image: Image:   Image: Attachments:

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Step 9: Ensure	Inpatient Admission Authorization Request	Enstruer 🔿 Incomplete Takal Announced I AD: Mark Bailing Datas
correct	Ref # 150621200002 Request type: Admission Authonization #:	
PRIMARY	+ Patient: TestPatient30, Liam	
diagnosis code	+ () Provider: LOCKWOOD, RICHARD	If FLECTIVE was not chosen as the
and "Admission	- Q Admission Diagnosis: ICD-9 (1)   DR	"Admission Type", click the drop down
	Admission Type: Elective ICD-9s	arrow and select Elective
I ype'' = Elective	A45.3 GRAND MAL STATUS, EPILEPTIC	
has been		
entered.	+ E Admission Criteria: Adult Medical	
	H ( Admission Review: Not Started	
9A. If incorrect	Example 1 Comments   Attachments: (0/0)	
diagnosis was		
entered, click on		
"trash can" icon	Primary	Type Code Description Admission Type Re.
9B. Enter correct		
alagnosis code -		<< Back: Provider Next: Admission Criteria >>
manual for complete		
instructions	Save & Print	Submit Save Close
Step 10: Click		
Worth	< Back: Provider   Next: Admi	ssion Criteria >>
"Next:		
Admission		
Criteria>>"		
Step 11: Select	Admission Criteria	🔞 Help
the "Epilepsy"	Category: Adult: All	Admission Type: Elective
criteria subset	Notes Description	Product Coverage Review Type
	select N Acetaminophen Overdose	Medical Prior Approval InterQual RM14
If the "Select"	select N Acute Coronary Syndrome (	Medical Prior Approval InterQual RM14 Medical Prior Approval InterQual RM14
button for Epilepsy	select N Antepartum	Medical Prior Approval InterQual RM14
is grayed out, click	select Arrhythmia	Medical Prior Approval InterQual RM14
on "Allowed	select N Asthma	Medical Prior Approval InterQual RM14
Unmapped	se ct CHEMO (Custom) - EHP	Medical Prior Approval InterQual RM14 Medical Prior Approval Custom RM14
Diagnosis" and then	se ct N, Cholecystitis	Medical Prior Approval InterQual RM14
click the select	se ct N COPD	Medical Prior Approval InterQual RM14
button for Epilepsy	Se ct N Cystic Fibrosis	Medical Prior Approval InterQual RM14
	se ct N Diabetes Mellitus	Medical Prior Approval InterQual RM14
	Select N Diabetic Ketoacidosis	Medical Prior Approval InterQual RM14
	select N Epilepsy	Medical Prior Approval InterQual RM14
	Extended Stay	Medical Prior Approval InterQual RM14
	Allow Unmapped Diagnosis	<< Back: Admission Diagnosis Next: Admission Review >>
		Submit Save Class
Step 12: Click	<< Back: Admission Diagnosis	Next: Admission Review >>
"Next:		
Admission		
Admission Review>>"		

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Step 17: If "Acute Criteria Met": Click "Save" If "Acute Criteria Not Met", skip to step 19	Inpatient Admission Medical Review X  Patient: TestPatient20, Lam  Filep:sy Version RM14  Fplicode Day 1 ① Episode Day 2 ① Episode Day 3 ② Episode Day 4 ② Episode Day 4 ③ Episode Day 5 ④  Fplisode Day 1: One  Fplisode Day 1: One  File Known seizure and 2 2 within 24h, All: 10  Fyregonarry and seizure or postictal state (excludes eclampsia), Both: 10  Fyregonarry and seizure or postictal state (excludes eclampsia), Both: 10  Fyregonarry and seizure and 2 a within 24h, All: 10  Fyregonarry and seizure and admission precertified, Both: 10  Fyregonarry and admission precertified, Both: 10  Fyregonarry and admission precertified, Both: 10  Fyregonarry to treatment, All: Fyregonarry to treatment, All: Fyregonarry to be seizure and the bours of seizure 10  Fyregonarry to submit Episode Day 1 at Level of Care: Acute Fyregonarry to treatment with 2 a anticonvulsant medications 10  Fyregonarry to treatment with 2 antico
Step 18: Click "Submit" Skip to Step 25	Submit Save Close
Step 19: If "Acute Criteria Not Met": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"	Inpatient Admission Medical Review  Pattern: TetrAblent20, Lam  Eplicepsy Version MH4  Eplicode Day 1 @ Eplicode Day 2 @ Eplicode Day 3 @ Eplicode Day 4 @ Eplicode Day 5  Eplicode Day 1 @ Eplicode Day 2 @ Eplicode Day 3 @ Eplicode Day 4 @ Eplicode Day 5  Eplicode Day 1 @ Observation Level of Care: None  Video EEG monitoring and admission precertified, Both: 10  Video EEG monitoring and admission precertified, Both: 10  Forman or nondiagnostic for seizure etiology 10  Redractory to treatment, All:  Submit Eplicode Day 1 at:  Level of Care: None  Level of Care: None  Level of Care: Context
Step 20: Click "Save"	Submit Episode Day 1 at Level of Care: Acute
Step 21: Click "Next: Comments   Attachments>>"	Comparison Criteria Next: Comments   Attachments >>

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Stop 22. Type	See Comments   Attachments: (0/0)
froo toxt noto	Date Time Author Comment Attachments
in the free text	
In the free text	
tiela	
And/or	
Click the	
"Browse"	Add Comment / Attachment
button to add	A comment is required *
attachmonts	A comment is rec
attachiments	Type any supporting documentation in
as needed	this box. There is a 4000 character limit.
	Add comment     0 of 4000     << Back: Admission Review
Step 23: Click	Add Comment of of 4000
"Add Comment"	
Step 24: Click	
"Submit"	Submit Save Close
Submit	
Sten 25. Add a	Paver NVEVCL requires contact datails for all submitted authorizations
Step 25. Add a	Please provide contact details (a name and a phone number) below
phone number	First Name: Last Name:
(name auto	Susan ne
populates)	Phone Number: e.g. (555) 555-1212
	( 333 / 333 3333 64 3333
	Submit Cancel
Step 26: Click	Payer NYEXCL requires contact details for all submitted authorizations.
the "Submit"	Please provide contact details (a name and a phone number) below and press submit to finish the request.
button	First Name: Last Name:
	Susan ne
	Phone Number: e.g. (555) 555-1212
	( 555 / 555 - 5555 - 5555
	Submit Cancel
Step 27: Click	Authorization Submitted
"View Request	Reference #: 150520700024
(PDF) >>" if you	Payer Certification #: MC0010174
	Authorization Status: 🥥 Authorized
	Admission Date: 03/04/2015 Category: Adult : Medical
electronically	Criteria: Epilepsy
save a copy of	Approved Length of Stay: 5 days
the	View Request (PDF) >>
authorization	
request	Close
Step 28: Click	
"Close"	