

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](#)

Clear Coverage™

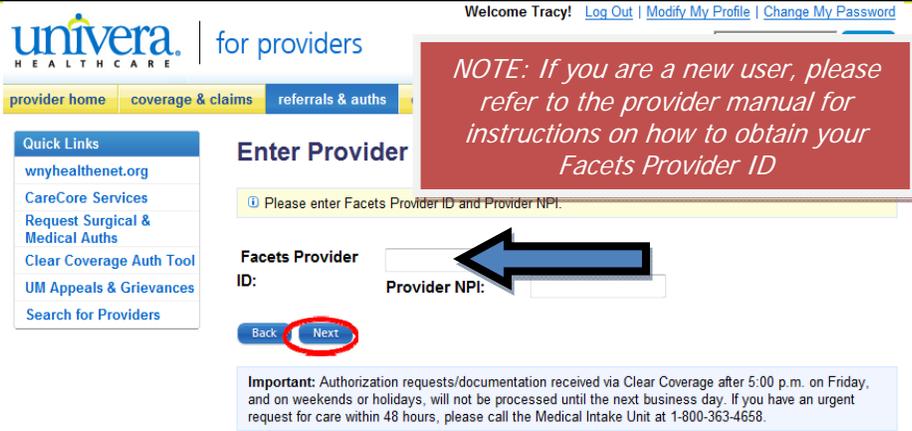
Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 1: Log in to the Univera Healthcare provider portal</p>	<p>https://www.univerahealthcare.com/wps/portal/uv</p> <p>Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process</p>
<p>Step 2: Complete benefits and eligibility check within the provider portal</p>	<p>If needed, please contact your provider relations representative for instructions.</p>
<p>Step 3: Click on the "Referrals and Auths" tab</p>	
<p>Step 4: Select "Medical" from the "Request Authorization" "Options via Clear Coverage™ for Inpatient" drop-down list</p>	

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Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

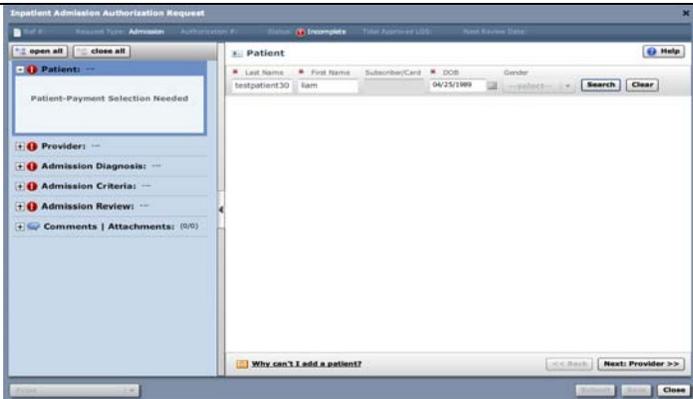
Step 5: Enter your Facets Provider ID and Provider NPI number and click "Next"



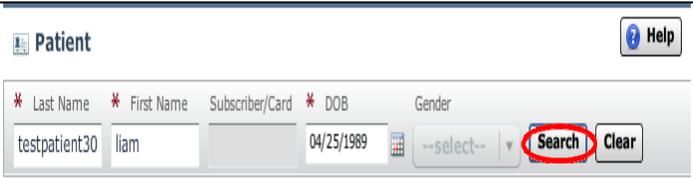
Step 6: Click on "New Authorization"



Step 7: Enter the patient's last name, first name and date of birth



Step 8: Click "Search"



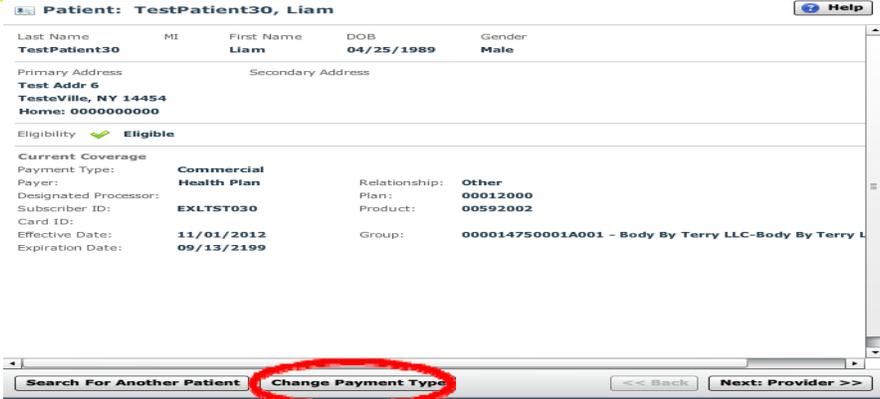
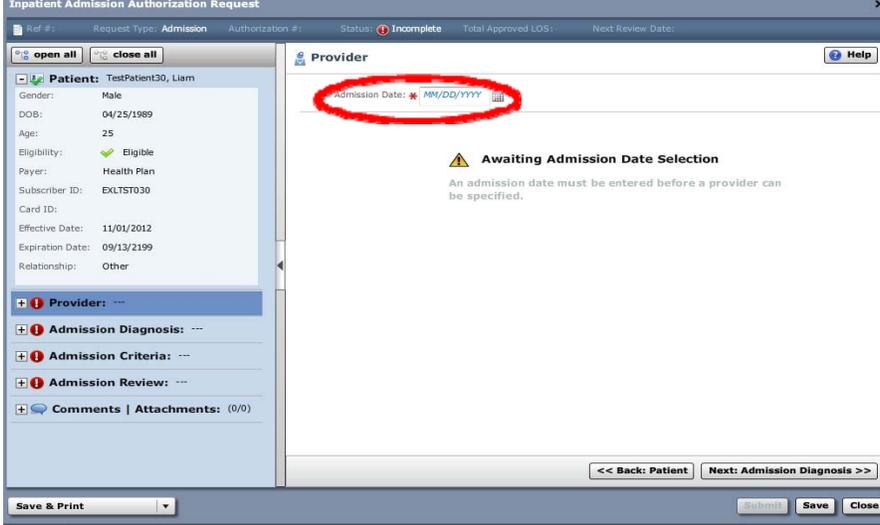
Step 9: Click "Select"



	Name	DOB	Gender	Default Payer
select	TestPatient30, Liam	04/25/1989	Male	Health Plan

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Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 10: Click "Change Payment Type"</p>	 <p>Patient: TestPatient30, Liam</p> <p>Last Name: TestPatient30, MI: , First Name: Liam, DOB: 04/25/1989, Gender: Male</p> <p>Primary Address: TesteVille, NY 14454, Home: 0000000000</p> <p>Eligibility: Eligible</p> <p>Current Coverage: Commercial Health Plan</p> <p>Payer: Health Plan, Relationship: Other, Plan: 00012000, Product: 00592002</p> <p>Subscriber ID: EXLTST030, Card ID: , Effective Date: 11/01/2012, Expiration Date: 09/13/2199, Group: 000014750001A001 - Body By Terry LLC-Body By Terry L</p> <p>Buttons: Search For Another Patient, Change Payment Type, << Back, Next: Provider >></p>														
<p>Step 11: Select the correct coverage</p>	<table border="1"> <thead> <tr> <th></th> <th>Payer</th> <th>Plan</th> <th>Product</th> <th>Group</th> <th>Subscriber ID</th> <th>Card ID</th> </tr> </thead> <tbody> <tr> <td>select</td> <td>Health Plan</td> <td>00012000</td> <td>00592002</td> <td>Body By Ter</td> <td>EXLTST030</td> <td></td> </tr> </tbody> </table>		Payer	Plan	Product	Group	Subscriber ID	Card ID	select	Health Plan	00012000	00592002	Body By Ter	EXLTST030	
	Payer	Plan	Product	Group	Subscriber ID	Card ID									
select	Health Plan	00012000	00592002	Body By Ter	EXLTST030										
<p>Step 12: Click "Next Provider>>"</p>	 <p>Buttons: Search For Another Patient, Change Payment Type, << Back, Next: Provider >></p>														
<p>Step 13: Select and enter the "Admission Date"</p> <p>NOTE: Can backdate 5 days or go forward 90 days</p>	 <p>Inpatient Admission Authorization Request</p> <p>Ref #: , Request Type: Admission, Authorization #: , Status: Incomplete, Total Approved LOS: , Next Review Date: </p> <p>Buttons: open all, close all</p> <p>Patient: TestPatient30, Liam</p> <p>Gender: Male, DOB: 04/25/1989, Age: 25, Eligibility: Eligible, Payer: Health Plan, Subscriber ID: EXLTST030, Card ID: , Effective Date: 11/01/2012, Expiration Date: 09/13/2199, Relationship: Other</p> <p>Provider: ---</p> <p>Admission Date: MM/DD/YYYY</p> <p>Warning: Awaiting Admission Date Selection. An admission date must be entered before a provider can be specified.</p> <p>Buttons: << Back: Patient, Next: Admission Diagnosis >>, Save & Print, Submit, Save, Close</p>														

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Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 14:
Conduct
admitting
provider
search, OR
choose
provider from
dropdown list

Provider Help

Admission Date: *

Facility Name: **Strong Memorial Hospital- 00000000746**

Admitting Provider: * **--select--**  

Admitting Provider NPI:

Unit: * **--select--**

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 Next: Admission Diagnosis >>

Step 15:
Click the
"Provider
Location"
dropdown
arrow and
select the
"Sequence:
2" address
that
corresponds
correctly with
the provider's
assigned
"Identifier"
number
(Facets
number) and
address.

Provider Help

Admission Date: * 08/12/2015

Facility Name: **Sample Hospital**

Admitting Provider: *

Admitting Provider NPI: **1033181755**

Provider Location: * **--select--** 

Unit: 120 GARDENVILLE PKWY
Buffalo, NY 14224
Identifier: 000000006519
Sequence: 1

Specify Attending Pr

1185 Sweethome Rd
Amherst, NY 14226
Identifier: 000000006519
Sequence: 2

NOTE: There may be more than one "Sequence: 2" address. Scroll down as needed to ensure that you have chosen the correct address.

Select "Sequence: 2"

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Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 16:
Select
"Medical"
from the
"Unit" drop-
down list

Admission Date: * 08/12/2015

Facility Name: Training Hospital-Linked

Admitting Provider: *

Admitting Provider NPI:

Provider Location: * 1185 Sweethome Rd

Unit: * --select--

Specify Attending P:

Chemo
Epilepsy
Maternity
Medical
Transfer

<< Back: Patient Next: Admission Diagnosis >>

Submit Save Close

Step 17: Click
"Next:
Admission
Diagnosis>>"

<< Back: Patient Next: Admission Diagnosis >>

Step 18:
Enter the
PRIMARY
diagnosis
code

Admission Diagnosis

ICD-9 DRG

ICD-9 Lookup: | Clear

Enter search criteria above to find a diagnosis

Step 19: Click
"Select" to
add the
PRIMARY
diagnosis
code

NOTE:
*You must ensure
that you choose
a "billable" code.
A billable code
will have a green
checkmark*

 Expired
codes cannot be
used. Expired
codes appear
with a question
mark

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Gender: Male

DOB: 04/25/1989

Age: 25

Eligibility: Eligible

Payer: Health Plan

Subscriber ID: EKLST030

Card ID:

Effective Date: 11/01/2012

Expiration Date: 09/13/2199

Relationship: Other

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ---

Admission Criteria: ---

Admission Review: ---

Comments | Attachments: (0/0)

Save & Print

Admission Diagnosis

ICD-9 DRG

ICD-9 Lookup: pneumonia Clear

select	ICD-9	Description	Billable
<input type="checkbox"/>	003.22	SALMONELLA PNEUMONIA	
<input type="checkbox"/>	011.6	TUBERCULOUS PNEUMONIA (ANY FORM)	
<input type="checkbox"/>	041.3	KLEBSIELLA PNEUMONIAE	
<input checked="" type="checkbox"/>	055.1	POSTMEASLES PNEUMONIA	
<input type="checkbox"/>	073.0	ORNITHOSIS WITH PNEUMONIA	
<input type="checkbox"/>	115.05	INFECTION HISTOPLASMA CAPSULATUM PNEUMONIA	
<input type="checkbox"/>	115.15	INFECTION HISTOPLASMA DUBOISII PNEUMONIA	
<input type="checkbox"/>	115.95	HISTOPLASMOSIS, UNSPECIFIED, PNEUMONIA	
<input type="checkbox"/>	480	VIRAL PNEUMONIA	
<input type="checkbox"/>	481	PNEUMOCOCCAL PNEUMONIA (STREPTOCOCCUS PNEUMONI...)	
<input type="checkbox"/>	482	OTHER BACTERIAL PNEUMONIA	

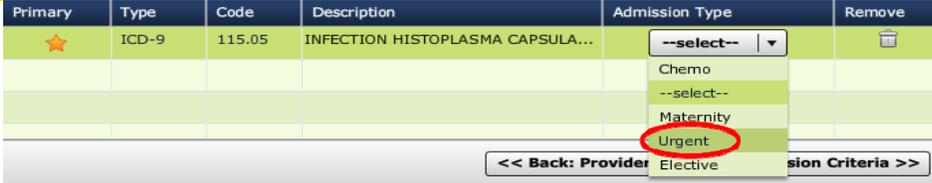
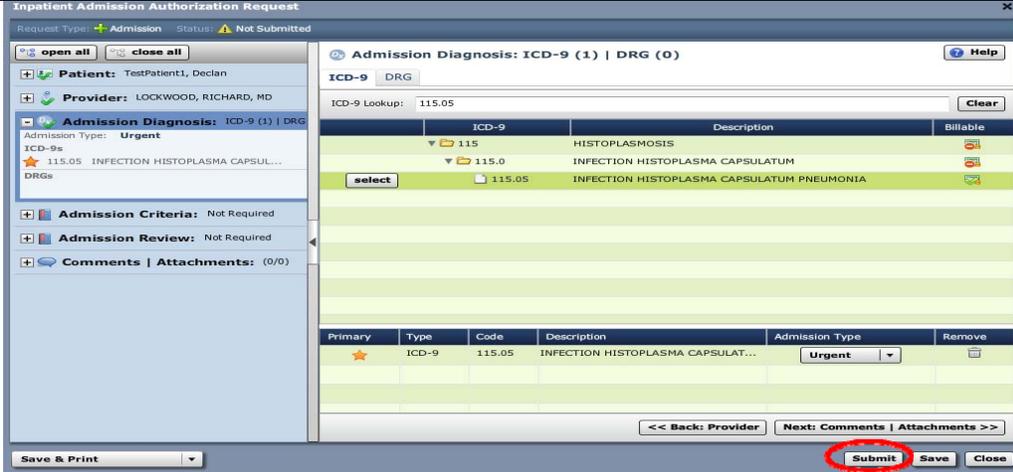
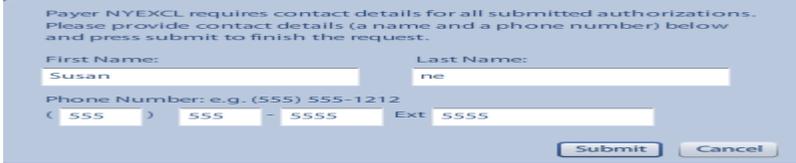
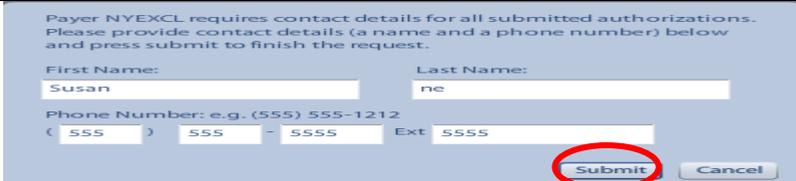
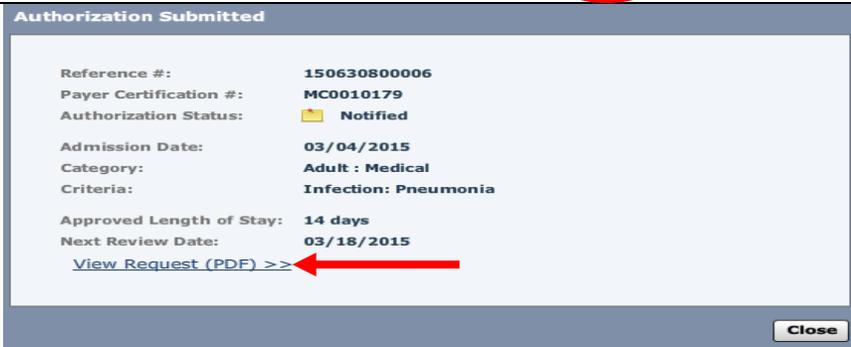
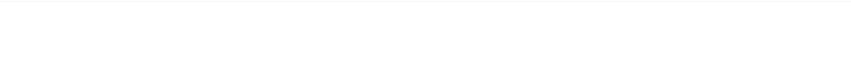
Primary	Type	Code	Description	Admission Type	Remove

<< Back: Provider Next: Admission Criteria >>

Submit Save Close

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Urgent Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 20: Click the "Admission Type" drop-down and select "Urgent"</p>	
<p>Step 21: Click "Submit"</p>	
<p>Step 22: Add a phone number (name auto populates)</p>	
<p>Step 23: Click the "Submit" button</p>	
<p>Step 24: Click "View Request (PDF)>>" if you wish to print or electronically save a copy of the authorization request</p>	
<p>Step 25: Click "Close"</p>	

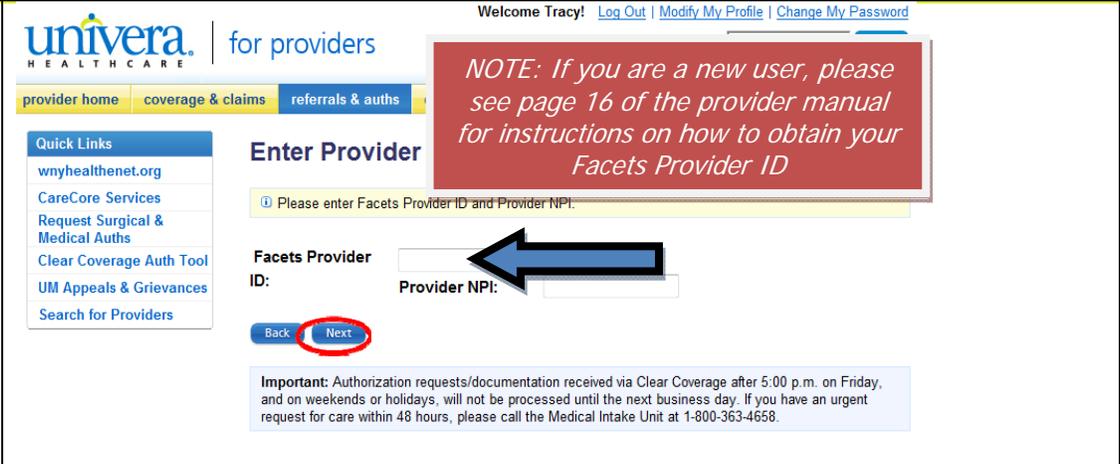
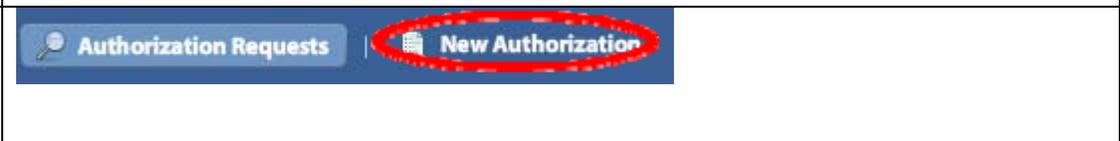
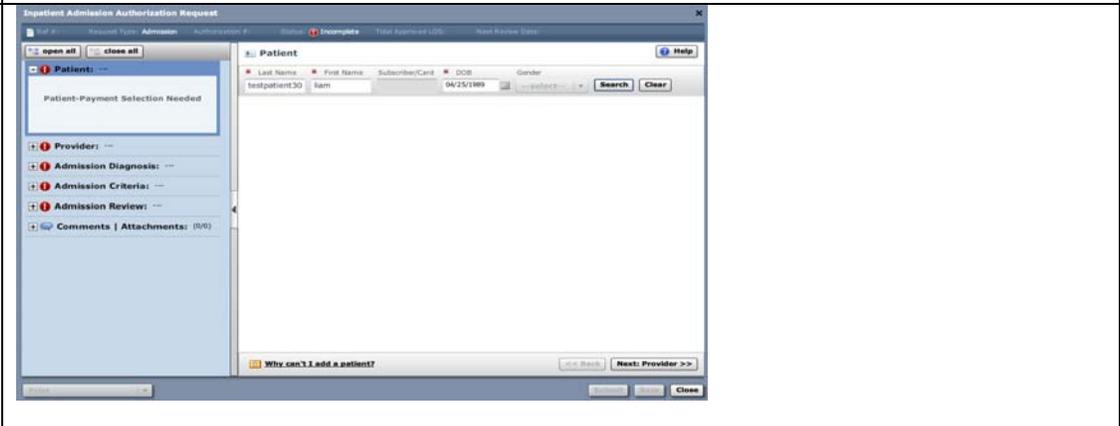
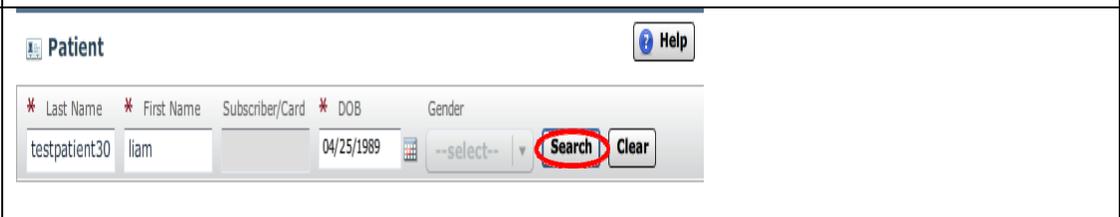
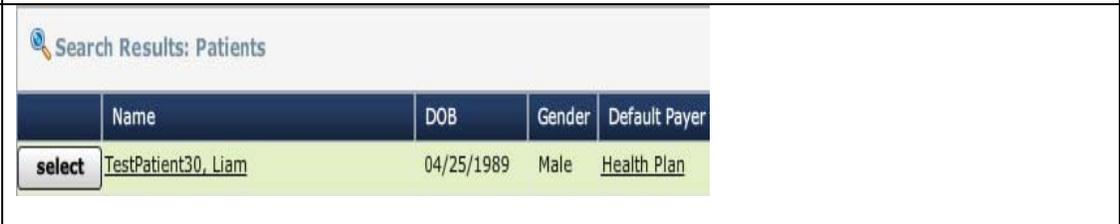
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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 1: Log in to the Univera Healthcare provider portal</p>	<p>https://www.univerahealthcare.com/wps/portal/uv</p> <p>Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process</p>
<p>Step 2: Complete benefits and eligibility check within the provider portal</p>	<p>If needed, please contact your provider relations representative for instructions.</p>
<p>Step 3: Click on the "Referrals and Auths" tab</p>	
<p>Step 4: Select "Medical" from the "Request Authorization" "Options via Clear Coverage™ for Inpatient" drop-down list</p>	

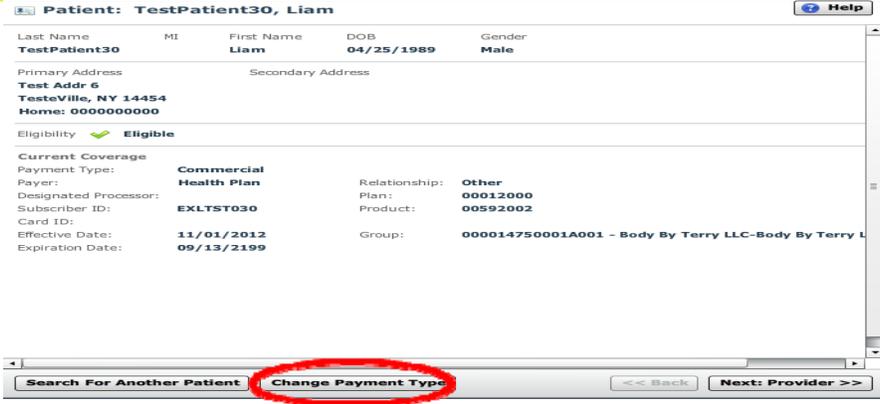
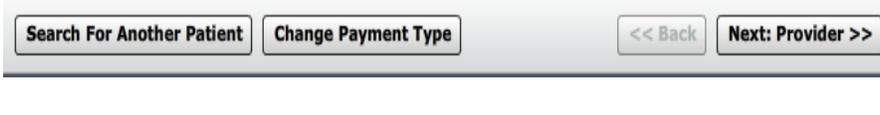
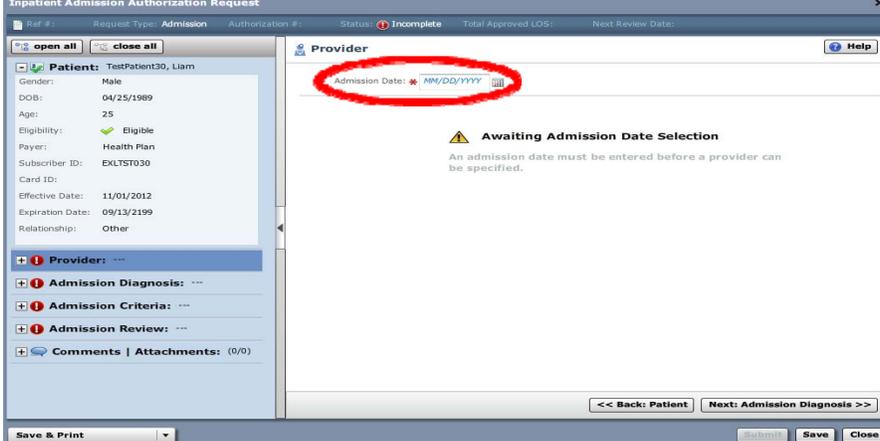
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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 5: Enter your Facets Provider ID and Provider NPI number and click "Next"</p>											
<p>Step 6: Click on "New Authorization"</p>											
<p>Step 7: Enter the patient's last name, first name and date of birth</p>											
<p>Step 8: Click "Search"</p>											
<p>Step 9: Click "Select"</p>	 <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>DOB</th> <th>Gender</th> <th>Default Payer</th> </tr> </thead> <tbody> <tr> <td>select</td> <td>TestPatient30, Liam</td> <td>04/25/1989</td> <td>Male</td> <td>Health Plan</td> </tr> </tbody> </table>		Name	DOB	Gender	Default Payer	select	TestPatient30, Liam	04/25/1989	Male	Health Plan
	Name	DOB	Gender	Default Payer							
select	TestPatient30, Liam	04/25/1989	Male	Health Plan							

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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 10: Click "Change Payment Type"</p>	 <p>Patient: TestPatient30, Liam</p> <p>Last Name: TestPatient30, MI: First Name: Liam, DOB: 04/25/1989, Gender: Male</p> <p>Primary Address: TesteVille, NY 14454, Home: 0000000000</p> <p>Eligibility: Eligible</p> <p>Current Coverage: Payment Type: Commercial Health Plan, Payer: Health Plan, Relationship: Other, Plan: 00012000, Product: 00592002, Designated Processor: EXLTST030, Card ID: EXLTST030, Effective Date: 11/01/2012, Expiration Date: 09/13/2199, Group: 000014750001A001 - Body By Terry LLC-Body By Terry L</p> <p>Buttons: Search For Another Patient, Change Payment Type, << Back, Next: Provider >></p>														
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select	Health Plan	00012000	00592002	Body By Ter	EXLTST030										
<p>Step 12: Click "Next Provider >>"</p>	 <p>Buttons: Search For Another Patient, Change Payment Type, << Back, Next: Provider >></p>														
<p>Step 13: Select and enter the "Admission Date"</p> <p>NOTE: Can backdate up to 5 days</p>	 <p>Inpatient Admission Authorization Request</p> <p>Ref #: Request Type: Admission, Authorization #: Status: Incomplete, Total Approved LOS: Next Review Date:</p> <p>open all, close all</p> <p>Patient: TestPatient30, Liam</p> <p>Gender: Male, DOB: 04/25/1989, Age: 25, Eligibility: Eligible, Payer: Health Plan, Subscriber ID: EXLTST030, Card ID: Effective Date: 11/01/2012, Expiration Date: 09/13/2199, Relationship: Other</p> <p>Provider: ---</p> <p>Admission Diagnosis: ---</p> <p>Admission Criteria: ---</p> <p>Admission Review: ---</p> <p>Comments Attachments: (0/0)</p> <p>Admission Date: MM/DD/YYYY</p> <p>Warning: Awaiting Admission Date Selection. An admission date must be entered before a provider can be specified.</p> <p>Buttons: << Back: Patient, Next: Admission Diagnosis >>, Save & Print, Submit, Save, Close</p>														

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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

Step 14:
Conduct
admitting
provider
search, OR
choose
provider from
dropdown list

Provider

Admission Date: * 03/03/2015

Facility Name: 46

Admitting Provider: * --select--

Admitting Provider NPI: --select--

Unit: * --select--

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 Next: Admission Diagnosis >>

Step 15:
Click the
"Provider
Location"
dropdown
arrow and
select the
"Sequence:
2" address
that
corresponds
correctly with
the provider's
assigned
"Identifier"
number
(Facets
number) and
address.

Provider

Admission Date: * 08/12/2015

Facility Name: Sample Hospital

Admitting Provider: *

Admitting Provider NPI: 1033181755

Provider Location: * --select--

Unit: 120 GARDENVILLE PKWY
Buffalo, NY 14224
Identifier: 000000006519
Sequence: 1

Specify Attending Pr

1185 Sweethome Rd
Amherst, NY 14226
Identifier: 000000006519
Sequence: 2

Select "Sequence: 2"

NOTE: There may be more than one "Sequence: 2" address. Scroll down as needed to ensure that you have chosen the correct address.

<< Back: Patient Next: Admission Diagnosis >>

Step 16:
Select
"Chemo"
from the
"Unit" drop-
down list

Provider

Admission Date: * 08/12/2015

Facility Name: Training Hospital-Linked

Admitting Provider: *

Admitting Provider NPI: 1033181755

Provider Location: * 1185 Sweethome Rd

Unit: * --select--

Specify Attending Pr

Chemo
Epilepsy
Maternity
Medical
Transfer

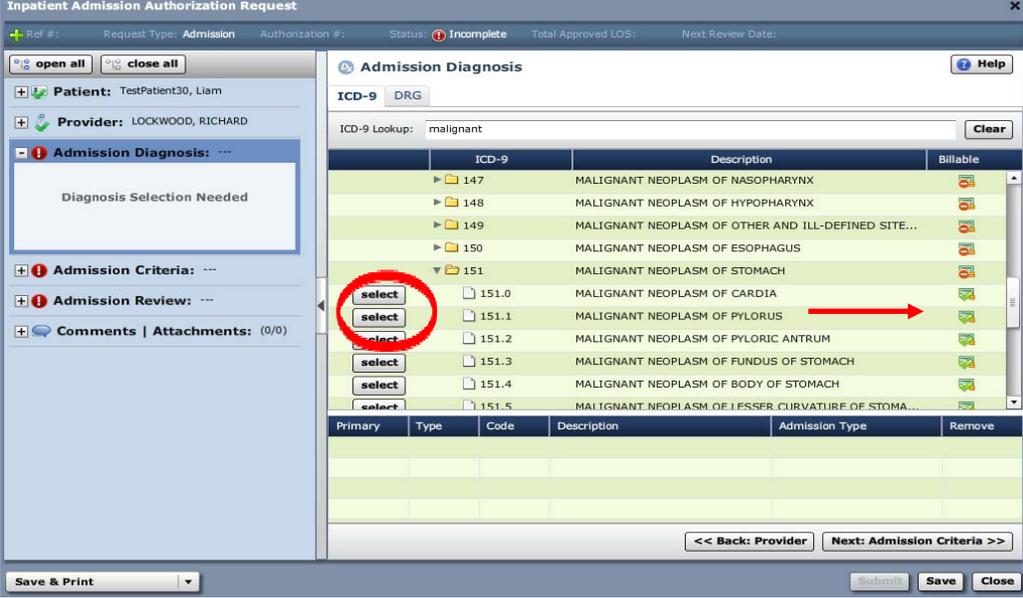
**VERY IMPORTANT:
SELECT CHEMO**

<< Back: Patient Next: Admission Diagnosis >>

Submit Save Close

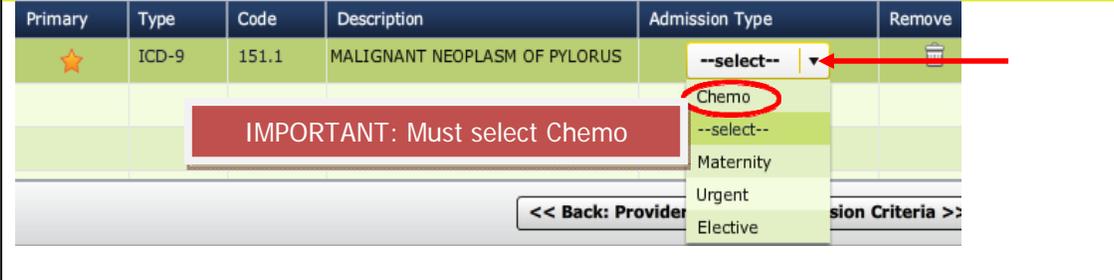
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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 17: Click "Next: Admission Diagnosis>>"</p>	
<p>Step 18: Enter the PRIMARY diagnosis code</p>	
<p>Step 19: Click "Select" to add the PRIMARY diagnosis code</p> <p>NOTE: You must ensure that you choose a "billable" code. A billable code will have a green checkmark </p> <p>Expired codes cannot be used. Expired codes appear with a question mark  mark</p>	

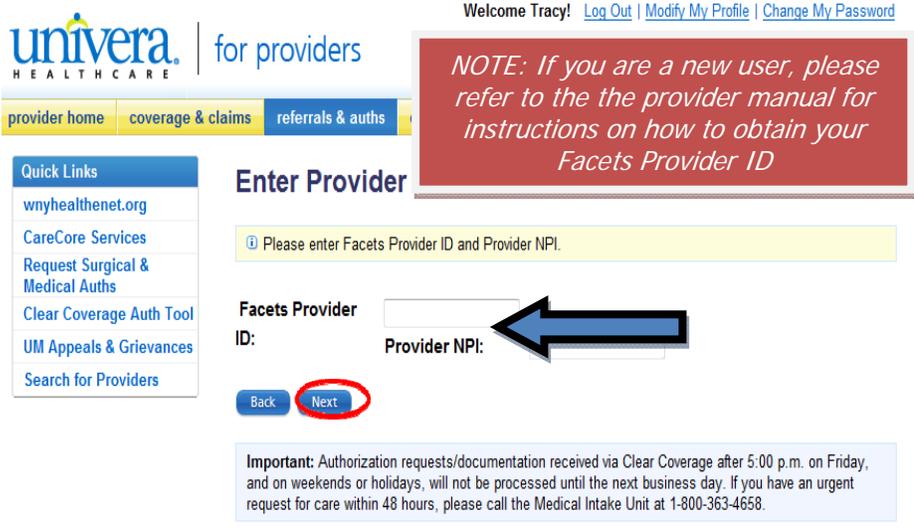
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Elective Chemo Inpatient Admission Authorization Entry For Business/Admissions Office Staff

<p>Step 20: Click the "Admission Type" drop-down and select "Chemo"</p>	
<p>Step 21: Click "Save"</p>	
<p>Step 22: Click "Close"</p>	

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Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

<p>Step 1: Log in to the Univera Healthcare provider portal</p>	<p>https://www.univerahealthcare.com/wps/portal/uv</p> <p>Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process</p>
<p>Step 2: Click on the "Referrals and Auths" tab</p>	 <p>Welcome Tracy! Log Out Modify My Profile Change My Password</p> <p>univera HEALTHCARE for providers</p> <p>provider home - coverage & claims - referrals & auths - coding & billing - prescriptions - patient care - education - contact us</p>
<p>Step 3: Select "Medical" from the "request authorization" "Options via Clear Coverage™ for Inpatient" drop-down list</p>	 <p>request authorization</p> <p>- Select Type of Care -</p> <p>- Select Type of Care -</p> <p>Options via Clear Coverage - Outpatient</p> <ul style="list-style-type: none"> Behavioral Health Medical Physical, Occupational & Speech Therapy Specialty Medications Surgery <p>Options via Clear Coverage - Inpatient</p> <ul style="list-style-type: none"> Medical Surgery (Urgent Admissions) <p>Options via CareCore</p> <ul style="list-style-type: none"> CareCore Services <p>Other Options</p> <ul style="list-style-type: none"> Surgical & Other Care
<p>Step 4: Enter your Facets Provider ID and Provider NPI number and click "Next"</p>	 <p>Welcome Tracy! Log Out Modify My Profile Change My Password</p> <p>univera HEALTHCARE for providers</p> <p>provider home - coverage & claims - referrals & auths</p> <p>NOTE: If you are a new user, please refer to the the provider manual for instructions on how to obtain your Facets Provider ID</p> <p>Quick Links</p> <ul style="list-style-type: none"> wnyhealthnet.org CareCore Services Request Surgical & Medical Auths Clear Coverage Auth Tool UM Appeals & Grievances Search for Providers <p>Enter Provider</p> <p>Please enter Facets Provider ID and Provider NPI.</p> <p>Facets Provider ID: <input type="text"/></p> <p>Provider NPI: <input type="text"/></p> <p>Back Next</p> <p>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.</p>

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Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

<p>Step 5: Enter the patient's name and/or reference number into the search fields</p>																												
<p>Step 6: Click "Search"</p>																												
<p>Step 7: Locate the correct "Incomplete" authorization request and select "Open Detail" from the "Action" drop-down</p>	<table border="1" data-bbox="503 867 1372 997"> <thead> <tr> <th></th> <th>Created</th> <th>Patient</th> <th>Payer</th> <th>Admit Date</th> <th>Next Review Date</th> <th>Request Type</th> <th>Status</th> <th>Product</th> </tr> </thead> <tbody> <tr> <td>Action</td> <td>03/04/2015</td> <td>TestPatient30, Li</td> <td>Health Plan</td> <td>03/04/2015</td> <td></td> <td>Admission</td> <td>Incomplete</td> <td></td> </tr> <tr> <td>Open Detail</td> <td>03/2015</td> <td>TestPatient30, Li</td> <td>Health Plan</td> <td>03/03/2015</td> <td></td> <td>Admission</td> <td>Incomplete</td> <td>Adult: Medica</td> </tr> </tbody> </table>		Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Action	03/04/2015	TestPatient30, Li	Health Plan	03/04/2015		Admission	Incomplete		Open Detail	03/2015	TestPatient30, Li	Health Plan	03/03/2015		Admission	Incomplete	Adult: Medica
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Action	03/04/2015	TestPatient30, Li	Health Plan	03/04/2015		Admission	Incomplete																					
Open Detail	03/2015	TestPatient30, Li	Health Plan	03/03/2015		Admission	Incomplete	Adult: Medica																				
<p>Step 8: Click on the "Admission Diagnosis" accordion</p>	<div data-bbox="503 1119 1031 1722"> <p>Patient: TestPatient30, Liam</p> <p>Gender: Male</p> <p>DOB: 04/25/1989</p> <p>Age: 25</p> <p>Eligibility: ✔ Eligible</p> <p>Payer: Health Plan</p> <p>Subscriber ID: EXLTST030</p> <p>Card ID:</p> <p>Effective Date: 11/01/2012</p> <p>Expiration Date: 09/13/2199</p> <p>Relationship: Other</p> <p>Provider: LOCKWOOD, R. CARD</p> <p>Admission Diagnosis: ICD-9 (1) DR</p> <p>Admission Criteria: Adult Medical</p> <p>Admission Review: Not Started</p> <p>Comments Attachments: (0/0)</p> </div> <div data-bbox="824 1276 1323 1402" style="border: 1px solid black; background-color: #d9534f; color: white; padding: 5px; text-align: center;"> <p>Tip: Click on the word "Admission Diagnosis" and not the + sign</p> </div>																											

Clear Coverage™

Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

Step 9: Ensure correct PRIMARY diagnosis code and "Admission Type" = Chemo has been entered.

9A. If incorrect diagnosis was entered, click on "trash can" icon

9B. Enter correct diagnosis code –refer to the provider manual for complete instructions.

Inpatient Admission Authorization Request

Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Type: Chemo

ICD-9s

★ 151.1 MALIGNANT NEOPLASM OF PYLORUS

DRGs

Admission Criteria: ---

Admission Review: ---

Comments | Attachments: (0/0)

Primary	Type	Code	Description	Admission Type	Req
★	ICD-9	151.1	MALIGNANT NEOPLASM OF PYLORUS	Chemo	

<< Back: Provider Next: Admission Criteria >>

Save & Print Submit Save Close

Step 10: Click "Next: Admission Criteria>>"

<< Back: Provider Next: Admission Criteria >>

Step 11: Select the "Chemo (Custom) EHP" criteria subset

If the "Select" button for Chemo is grayed out, click on "Allowed Unmapped Diagnosis" and then click the select button for Chemo

Inpatient Admission Authorization Request

Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: ---

Criteria Selection Needed

Admission Review: ---

Comments | Attachments: (0/0)

Category: Adult: All Admission Type: Chemo

select	Notes	Description	Product	Coverage	Review Type
select	N	Acetaminophen Overdose	Medica	Prior Approval	InterQual RM14
select	N	Acute Coronary Syndrome (ACS)	Medica	Prior Approval	InterQual RM14
select	N	Anemia/Bleeding	Medica	Prior Approval	InterQual RM14
select	N	Antepartum	Medica	Prior Approval	InterQual RM14
select	N	Arrhythmia	Medica	Prior Approval	InterQual RM14
select	N	Asthma	Medica	Prior Approval	InterQual RM14
select	N	Carbon Monoxide Poisoning	Medica	Prior Approval	InterQual RM14
select	N	CHEMO (Custom) - EHP	Medica	Prior Approval	Custom RM14
select	N	Cholecystitis	Medica	Prior Approval	InterQual RM14
select	N	COPD	Medica	Prior Approval	InterQual RM14
select	N	Cystic Fibrosis	Medica	Prior Approval	InterQual RM14
select	N	Deep Vein Thrombosis	Medica	Prior Approval	InterQual RM14
select	N	Diabetes Mellitus	Medica	Prior Approval	InterQual RM14
select	N	Diabetic Ketoacidosis	Medica	Prior Approval	InterQual RM14
select	N	Epilepsy	Medica	Prior Approval	InterQual RM14
select	N	Extended Stay	Medica	Prior Approval	InterQual RM14

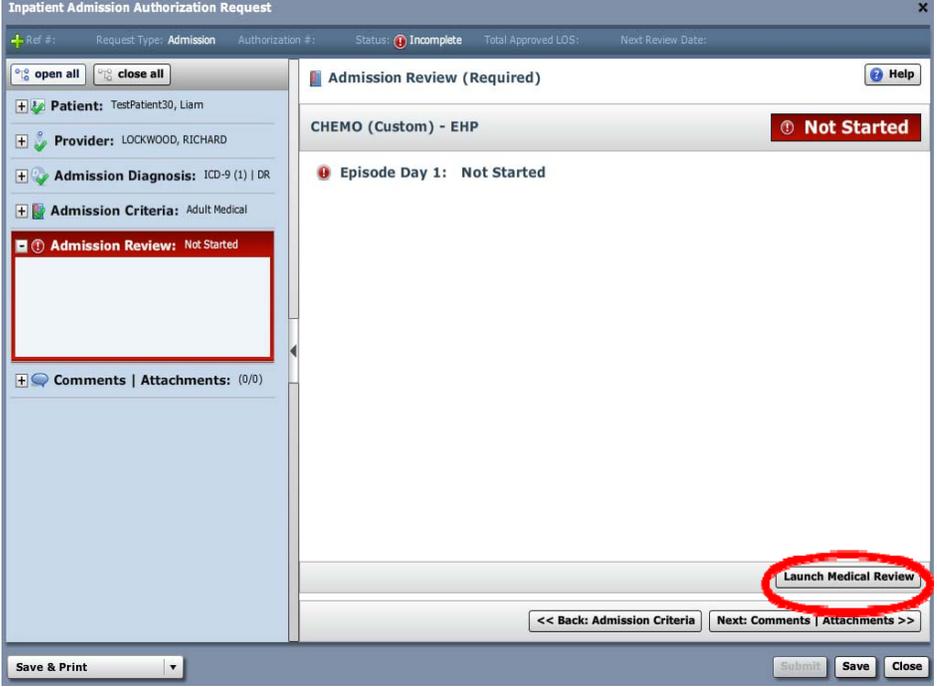
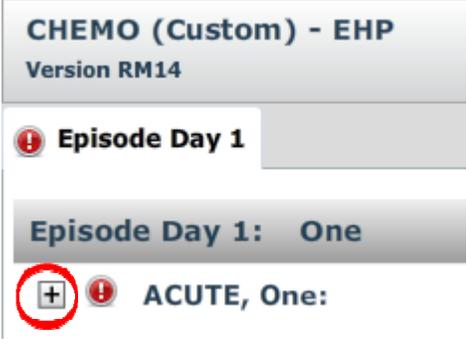
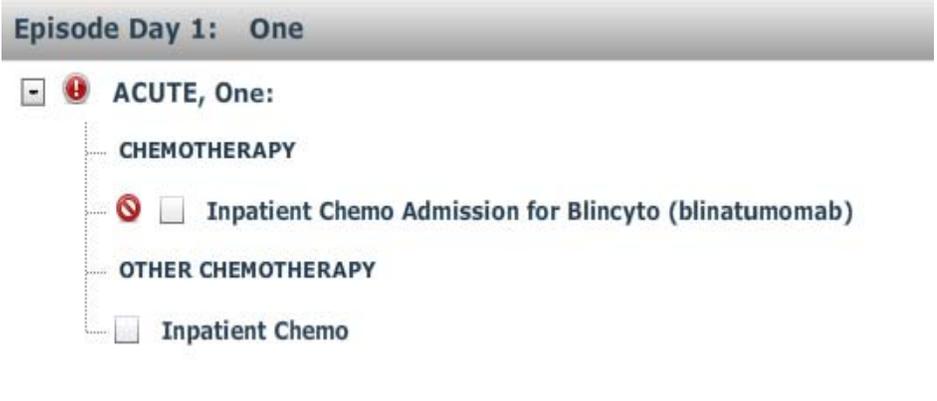
Allow Unmapped Diagnosis

<< Back: Admission Diagnosis Next: Admission Review >>

Save & Print Submit Save Close

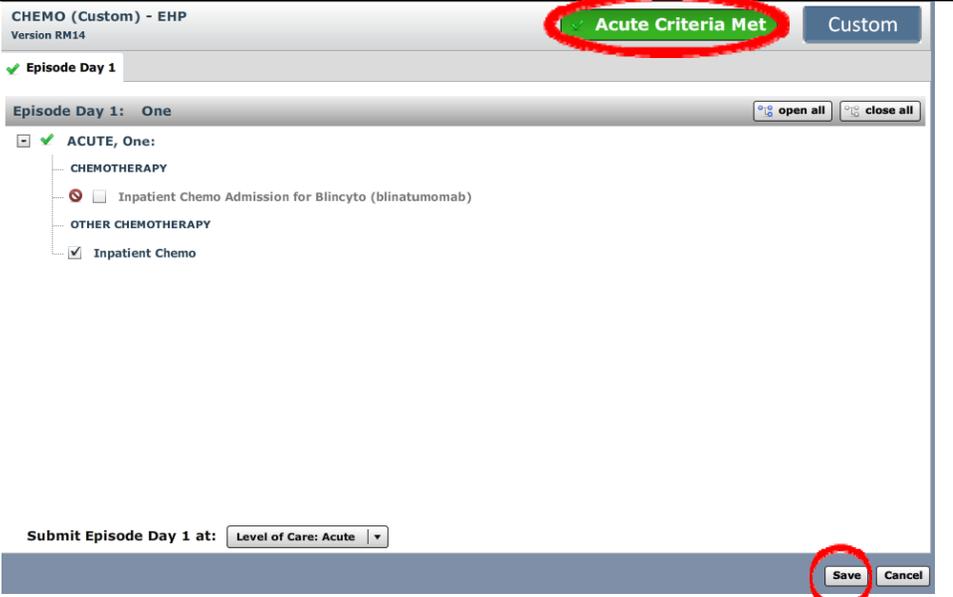
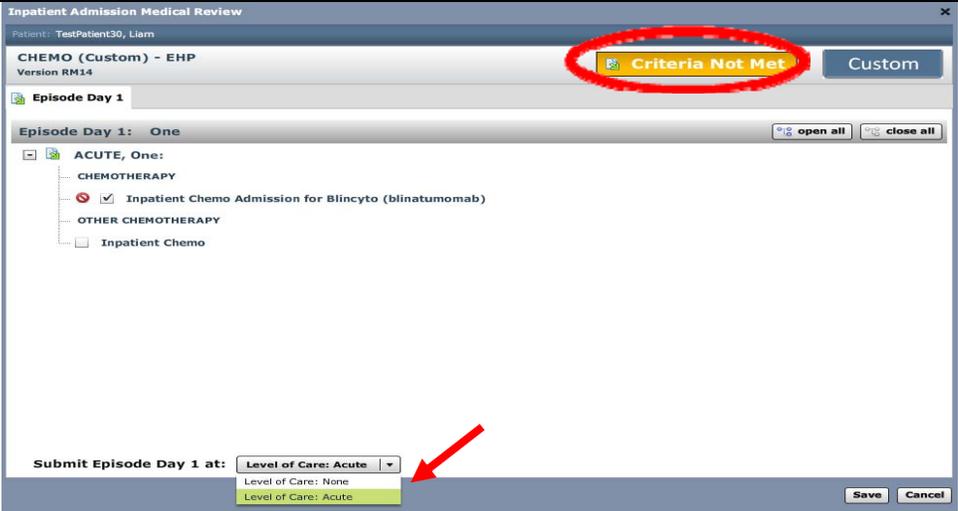
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Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

Step 12: Click "Next: Admission Review>>"	
Step 13: Click "Launch Medical Review"	
Step 14: Click the "+ sign, Acute, One"	
Step 15: Select the appropriate answer	

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Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

<p>Step 16: If "Acute Criteria Met", click "Save"</p> <p>If "Acute Criteria Not Met", skip to step 18</p>	
<p>Step 17: Click "Submit"</p> <p>Skip to Step 24</p>	
<p>Step 18: If "Acute Criteria Not Met": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"</p>	
<p>Step 19: Click "Save"</p>	
<p>Step 20: Click "Next: Comments Attachments >>"</p>	

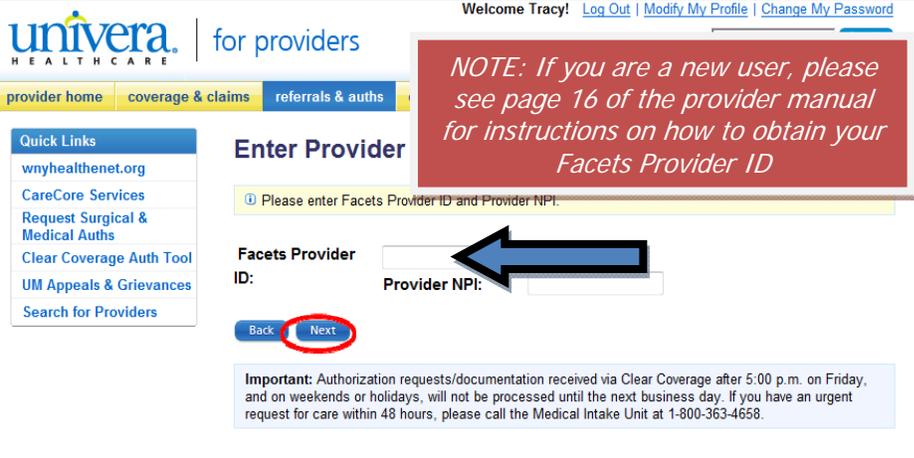
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Elective Chemo Inpatient Admission Authorization Entry For Utilization Review Staff

<p>Step 21: Type free text note in the free text field</p> <p>And/or:</p> <p>Click the "Browse" button to add attachments as needed</p>	
<p>Step 22: Click "Add Comment"</p>	
<p>Step 23: Click "Submit"</p>	
<p>Step 24: Add a phone number (name auto populates)</p>	
<p>Step 25: Click the "Submit" button</p>	
<p>Step 26: Click "View Request (PDF)>>" if you wish to print or electronically save a copy of the authorization request</p>	
<p>Step 27: Click "Close"</p>	

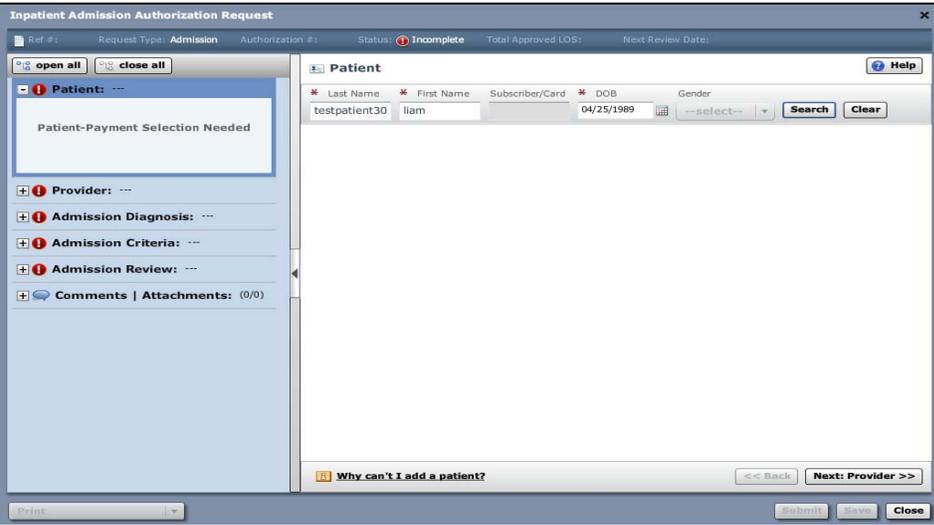
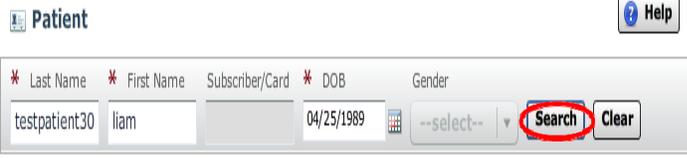
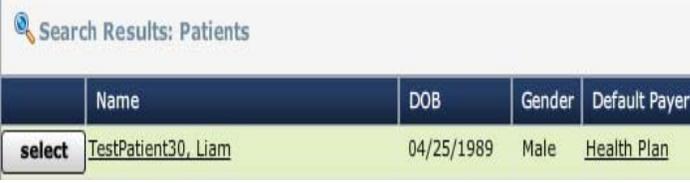
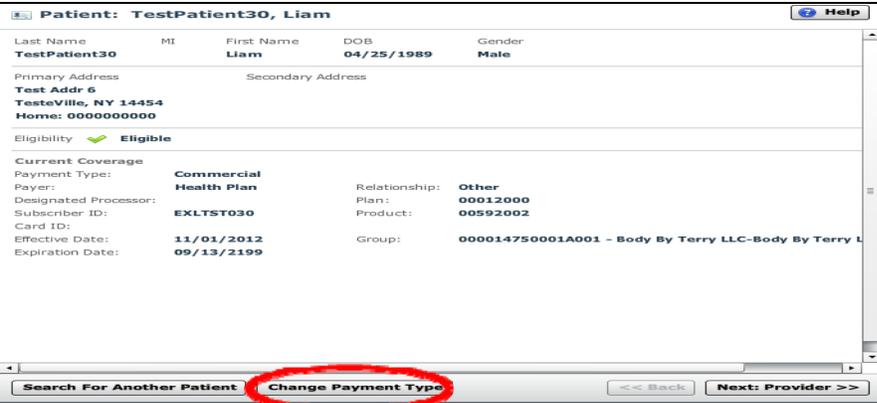
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Elective Inpatient Epilepsy Authorization Entry For Business/Admissions Office Staff

<p>Step 1: Log in to the Univera Healthcare provider portal</p>	<p>https://www.univerahealthcare.com/wps/portal/uv</p> <p>Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process</p>
<p>Step 2: Complete benefits and eligibility check within the provider portal</p>	<p>If needed, please contact your provider relations representative for instructions.</p>
<p>Step 3: Click on the "Referrals and Auths" tab</p>	
<p>Step 4: Select "Medical" from the "Request Authorization" "Options via Clear Coverage™ for Inpatient" drop-down list</p>	
<p>Step 5: Enter your Facets Provider ID and Provider NPI number and click "Next"</p>	

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Elective Inpatient Epilepsy Authorization Entry For Business/Admissions Office Staff

<p>Step 6: Click on "New Authorization"</p>											
<p>Step 7: Enter the patient's last name, first name and date of birth</p>											
<p>Step 8: Click "Search"</p>											
<p>Step 9: Click "Select"</p>	 <table border="1" data-bbox="407 1283 1097 1381"> <thead> <tr> <th></th> <th>Name</th> <th>DOB</th> <th>Gender</th> <th>Default Payer</th> </tr> </thead> <tbody> <tr> <td>select</td> <td>TestPatient30, Liam</td> <td>04/25/1989</td> <td>Male</td> <td>Health Plan</td> </tr> </tbody> </table>		Name	DOB	Gender	Default Payer	select	TestPatient30, Liam	04/25/1989	Male	Health Plan
	Name	DOB	Gender	Default Payer							
select	TestPatient30, Liam	04/25/1989	Male	Health Plan							
<p>Step 10: Click "Change Payment Type"</p>											

Clear Coverage™

Elective Inpatient Epilepsy Authorization Entry For Business/Admissions Office Staff

<p>Step 11: Select the correct coverage</p>	<table border="1"> <thead> <tr> <th></th> <th>Payer</th> <th>Plan</th> <th>Product</th> <th>Group</th> <th>Subscriber ID</th> <th>Card ID</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="select"/></td> <td>Health Plan</td> <td>00012000</td> <td>00592002</td> <td>Body By Ter</td> <td>EXLTST030</td> <td></td> </tr> </tbody> </table>		Payer	Plan	Product	Group	Subscriber ID	Card ID	<input type="button" value="select"/>	Health Plan	00012000	00592002	Body By Ter	EXLTST030	
	Payer	Plan	Product	Group	Subscriber ID	Card ID									
<input type="button" value="select"/>	Health Plan	00012000	00592002	Body By Ter	EXLTST030										
<p>Step 12: Click "Next Provider>>"</p>	<p style="text-align: center;"> <input type="button" value="Search For Another Patient"/> <input type="button" value="Change Payment Type"/> <input type="button" value=" << Back"/> <input type="button" value="Next: Provider >>"/> </p>														
<p>Step 13: Select and enter the "Admission Date"</p> <p>NOTE: Can backdate up to 5 days</p>	<p>Inpatient Admission Authorization Request</p> <p>Ref #: Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:</p> <p><input type="button" value="open all"/> <input type="button" value="close all"/></p> <p>Patient: TestPatient30, Liam</p> <p>Gender: Male DOB: 04/25/1989 Age: 25 Eligibility: ✔ Eligible Payer: Health Plan Subscriber ID: EXLTST030 Card ID: Effective Date: 11/01/2012 Expiration Date: 09/13/2199 Relationship: Other</p> <p>Provider: ---</p> <p>Admission Diagnosis: ---</p> <p>Admission Criteria: ---</p> <p>Admission Review: ---</p> <p>Comments Attachments: (0/0)</p> <p>Admission Date: * MM/DD/YYYY</p> <p>Awaiting Admission Date Selection An admission date must be entered before a provider can be specified.</p> <p><input type="button" value=" << Back: Patient"/> <input type="button" value="Next: Admission Diagnosis >>"/></p> <p><input type="button" value="Save & Print"/> <input type="button" value="Submit"/> <input type="button" value="Save"/> <input type="button" value="Close"/></p>														
<p>Step 14: Conduct admitting provider search, OR choose provider from dropdown list</p>	<p>Provider <input type="button" value="Help"/></p> <p>Admission Date: * 03/03/2015</p> <p>Facility Name:</p> <p>Admitting Provider: * --select-- <input type="button" value="Search"/></p> <p>Admitting Provider NPI:</p> <p>Unit: * --select--</p> <p><input type="checkbox"/> Specify Attending Provider</p> <div style="border: 1px solid red; background-color: #e06666; padding: 10px; margin: 10px 0;"> <p style="color: white; text-align: center;"><i>NOTE: for detailed instructions on provider search, refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations"</i></p> </div> <p><input type="button" value=" << Back: Patient"/> <input type="button" value="Next: Admission Diagnosis >>"/></p>														

Clear Coverage™

Elective Inpatient Epilepsy Authorization Entry For Business/Admissions Office Staff

Step 15: Click the "Provider Location" dropdown arrow and select the "Sequence: 2" address that corresponds correctly with the provider's assigned "Identifier" number (Facets number) and address.

Provider Help

Admission Date: * 08/12/2015

Facility Name: **Sample Hospital**

Admitting Provider: *

Admitting Provider NPI: **1033181755**

Provider Location: * **--select--**

Unit: 120 GARDENVILLE PKWY
Buffalo, NY 14224
Identifier: 000000006519
Sequence: 1

Specify Attending Pr

1185 Sweethome Rd
Amherst, NY 14226
Identifier: 000000006519
Sequence: 2

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 "Epilepsy" from the "Unit" dropdown list

Provider Help

Admission Date: * 08/12/2015

Facility Name: **Training Hospital-Linked**

Admitting Provider: *

Admitting Provider NPI: *

Provider Location: * **1185 Sweethome Rd**

Unit: * **--select--**

Specify Attending Pr

Chemo
Epilepsy
Maternity
Medical
Transfer

<< Back: Patient Next: Admission Diagnosis >>

Submit Save Close

Step 17: Click "Next: Admission Diagnosis>>"

<< Back: Patient Next: Admission Diagnosis >>

Step 18: Enter the PRIMARY diagnosis code

Admission Diagnosis Help

ICD-9 DRG

ICD-9 Lookup: Clear

Enter search criteria above to find a diagnosis

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Elective Inpatient Epilepsy Authorization Entry For Business/Admissions Office Staff

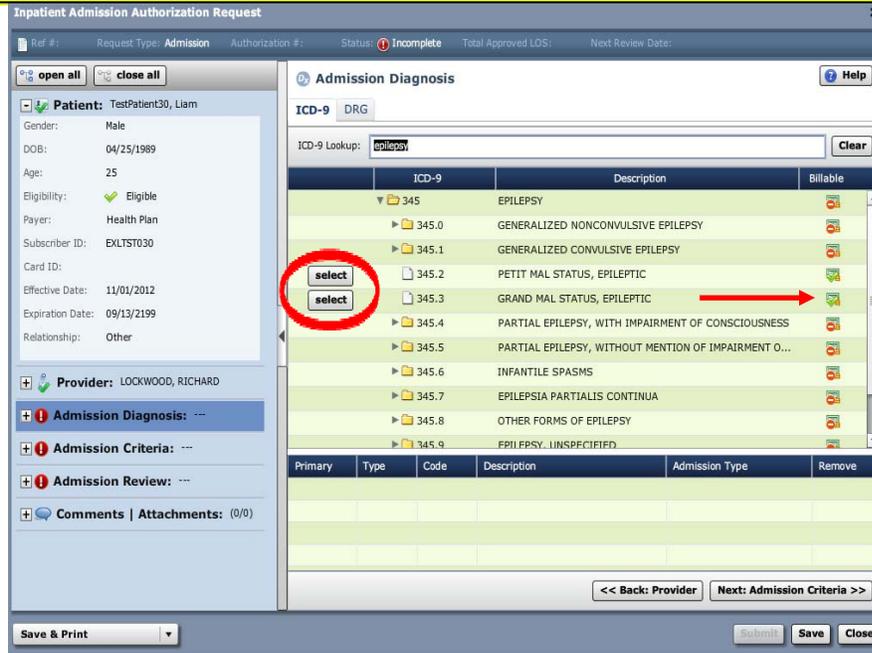
Step 19: Click "Select" to add the PRIMARY diagnosis code

NOTE:
You must ensure that you choose a "billable" code. A billable code will have a green

checkmark 

Expired codes cannot be used. Expired codes appear with a question

mark 



Step 20: Click the "Admission Type" drop-down and select "Elective"



Primary	Type	Code	Description	Admission Type	Remove
	ICD-9	345.3	GRAND MAL STATUS, EPILEPTIC	--select--	

Step 21: Click "Save"

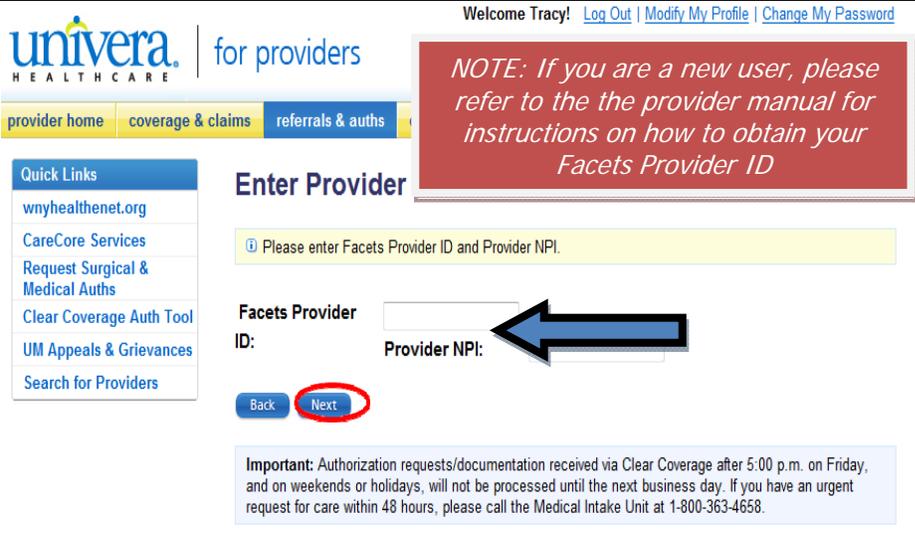


Step 22: Click "Close"



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Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

<p>Step 1: Log in to the Univera Healthcare provider portal</p>	<p>https://www.univerahealthcare.com/wps/portal/uv</p> <p>Refer to the "Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations" for step by step process</p>
<p>Step 2: Click on the "Referrals and Auths" tab</p>	
<p>Step 3: Select "Medical" from the "request authorization" "Options via Clear Coverage™ for Inpatient" drop-down list</p>	
<p>Step 4: Enter your Facets Provider ID and Provider NPI number and click "Next"</p>	

Clear Coverage™

Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

<p>Step 5: Enter the patient's name and/or reference number into the search fields</p>																												
<p>Step 6: Click "Search"</p>																												
<p>Step 7: Locate the correct "Incomplete" authorization request and select "Open Detail" from the "Action" drop-down</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #2c4e64; color: white;"> <th></th> <th>Created</th> <th>Patient</th> <th>Payer</th> <th>Admit Date</th> <th>Next Review Date</th> <th>Request Type</th> <th>Status</th> <th>Product</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td style="text-align: left;">Action v</td> <td>03/04/2015</td> <td>TestPatient30, Li</td> <td>Health Plan</td> <td>03/04/2015</td> <td></td> <td>Admission</td> <td style="color: red;">Incomplete</td> <td></td> </tr> <tr style="background-color: #d9ead3;"> <td style="text-align: left;">Open Detail</td> <td>03/2015</td> <td>TestPatient30, Li</td> <td>Health Plan</td> <td>03/03/2015</td> <td></td> <td>Admission</td> <td style="color: red;">Incomplete</td> <td>Adult: Medica</td> </tr> </tbody> </table>		Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Action v	03/04/2015	TestPatient30, Li	Health Plan	03/04/2015		Admission	Incomplete		Open Detail	03/2015	TestPatient30, Li	Health Plan	03/03/2015		Admission	Incomplete	Adult: Medica
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Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

Step 9: Ensure correct PRIMARY diagnosis code and "Admission Type" = Elective has been entered.

9A. If incorrect diagnosis was entered, click on "trash can" icon

9B. Enter correct diagnosis code – refer to the provider manual for complete instructions.

Step 10: Click "Next: Admission Criteria>>"

Step 11: Select the "Epilepsy" criteria subset

If the "Select" button for Epilepsy is grayed out, click on "Allowed Unmapped Diagnosis" and then click the select button for Epilepsy

	Notes	Description	Product	Coverage	Review Type
select	N	Acetaminophen Overdose	Medical	Prior Approval	InterQual RM14
select	N	Acute Coronary Syndrome (ACS)	Medical	Prior Approval	InterQual RM14
select	N	Anemia/Bleeding	Medical	Prior Approval	InterQual RM14
select	N	Antepartum	Medical	Prior Approval	InterQual RM14
select	N	Arrhythmia	Medical	Prior Approval	InterQual RM14
select	N	Asthma	Medical	Prior Approval	InterQual RM14
select	N	Carbon Monoxide Poisoning	Medical	Prior Approval	InterQual RM14
select	N	CHEMO (Custom) - EHP	Medical	Prior Approval	Custom RM14
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select	N	Cystic Fibrosis	Medical	Prior Approval	InterQual RM14
select	N	Deep Vein Thrombosis	Medical	Prior Approval	InterQual RM14
select	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
select	N	Extended Stay	Medical	Prior Approval	InterQual RM14

Step 12: Click "Next: Admission Review>>"

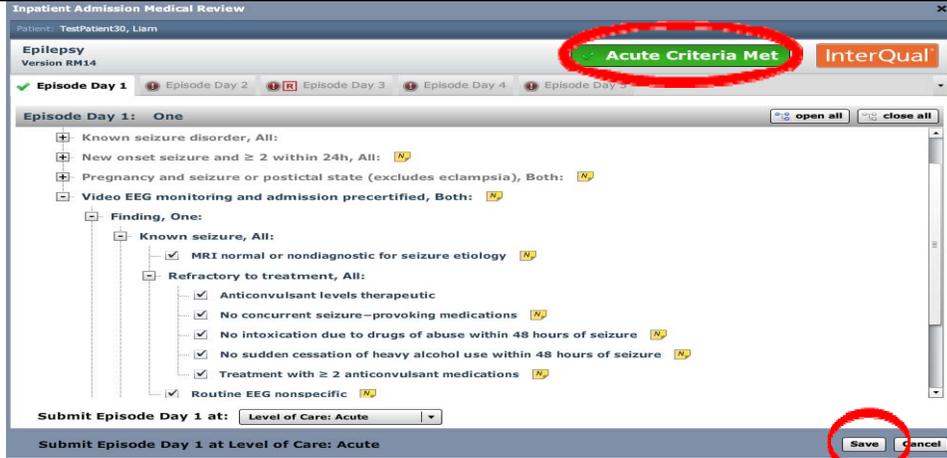
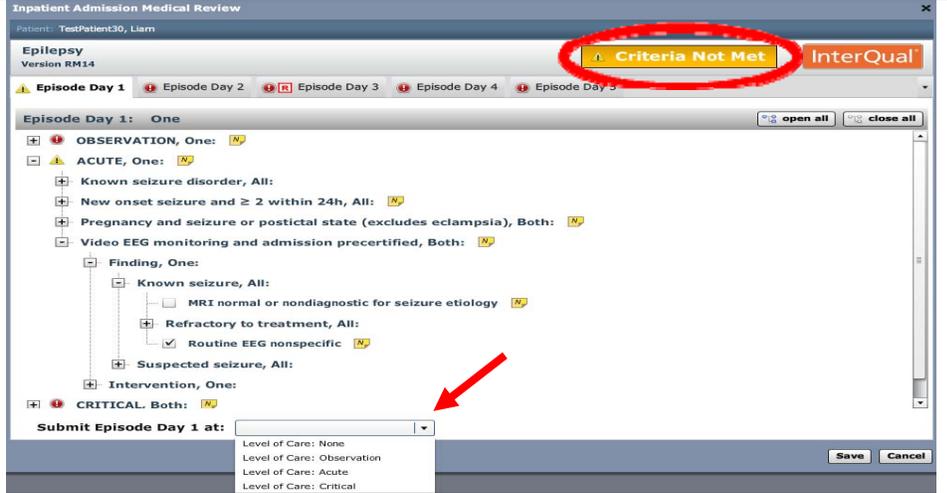
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Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

<p>Step 13: Click "Launch Medical Review"</p>	
<p>Step 14: Click on "Episode Day 1"</p>	
<p>Step 15: Select the "Acute" level of care</p>	
<p>Step 16: Conduct the medical review in accordance with InterQual™ Acute Criteria Review Process</p>	

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Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

<p>Step 17: If "Acute Criteria Met": Click "Save"</p> <p>If "Acute Criteria Not Met", skip to step 19</p>	
<p>Step 18: Click "Submit"</p> <p>Skip to Step 25</p>	
<p>Step 19: If "Acute Criteria Not Met": Click on the "Submit Episode Day 1 at:" dropdown and select "Level of Care: Acute"</p>	
<p>Step 20: Click "Save"</p>	
<p>Step 21: Click "Next: Comments Attachments >>"</p>	

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Elective Inpatient Epilepsy Authorization Entry For Utilization Review Staff

<p>Step 22: Type free text note in the free text field</p> <p>And/or:</p> <p>Click the "Browse" button to add attachments as needed</p>	
<p>Step 23: Click "Add Comment"</p>	
<p>Step 24: Click "Submit"</p>	
<p>Step 25: Add a phone number (name auto populates)</p>	
<p>Step 26: Click the "Submit" button</p>	
<p>Step 27: Click "View Request (PDF) >>" if you wish to print or electronically save a copy of the authorization request</p>	
<p>Step 28: Click "Close"</p>	