

## CLEAR COVERAGE AUTHORIZATION TIP SHEETS

*Click on the link below to access the tip sheet.*

[Bariatric Surgery](#)

[Blepharoplasty](#)

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[CPAP/BIPAP \(initial authorization\)](#)

[CPAP/BiPAP \(extension of initial authorization\)](#)

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# Clear Coverage™

## Bariatric Authorization Entry Tips

**Medicare:** review tool MUST be completed to provide clinical information to the Health Plan. Medicare requests will pend until this information is reviewed.

**Commercial:** will auto approve if criteria is met.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form. On the left, the 'Patient Search' section is expanded to '1. Patient Information'. It contains fields for First Name, MI (with a dropdown set to 'A'), Last Name, DOB, Gender, Pay Type (with a 'Select Pay Type' button), Payer (set to 'Health Plan' with a green checkmark), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000), Product (00632001), and Group. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Two arrows point from this box to the 'Past Coverage' and 'Future Coverage' links. A white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the form has a sidebar with sections: 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

### Authorization Request

**Patient Search**

**1. Patient Information**

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

---

**Pay Type** Select Pay Type [Past Coverage](#) | [Future Coverage](#)

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXLTST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - F** **Am-Rochester General**

**Add to Request**

---

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Additional Notes**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## Bariatric Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active, displaying fields for 'Date of Service' (MM/DD/YYYY), 'Facility Name' (Sample), 'Requesting Clinician' (dropdown), 'Primary Specialty' (dropdown), and 'Requesting Clinician NPI'. A 'Select Other Clinician' link is visible. The 'Add to Request' button is at the bottom right. The right sidebar shows 'Patient Information' with details for TestPatient1, Declan, including Subscriber ID, Card ID, DOB, Payer (Health Plan), and Group (005000730001M004). It also shows an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link in the 'Requesting Information' section. The 'Requesting Clinician' dropdown menu is currently set to '--select--'.



## Clear Coverage™ Bariatric Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (dropdown), and a Network dropdown set to 'In Plan'. Search and Clear buttons are present.
- Results Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan. A radio button is located to the left of the first row.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' (checked), and 'Use Selected' and 'Cancel' buttons.

Numbered callouts indicate the following steps:

- Arrow pointing to the search input fields.
- Arrow pointing to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
- Arrow pointing to the radio button next to the first search result.
- Arrow pointing to the 'Use Selected' button.

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## Bariatric Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane is titled 'Patient Search' and contains sections for '1. Patient Information' and '2. Requesting Information'. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' is 'Internal Medicine' and the 'Requesting Clinician NPI' is '1033181755'. The right pane is titled 'Authorization Request' and contains sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The 'Patient Information' section shows 'Patient: TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID:', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', 'Product: 00102004 - HMO-Medicare Blue Ch', and 'Group: 005000730001M004 - Rochester General Ho'. The 'Requesting Information' section is empty. The 'Diagnosis' section is empty. The 'Additional Notes' section is empty. At the bottom of the left pane, there is a list of addresses with their corresponding 'Identifier' and 'Sequence' numbers. A red callout box points to the first address: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2'. A white callout box points to the second address: 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. The text 'Ensure that both the address and facets number are correct' is in the red callout box. The text 'Select "Sequence: 2"' is in the white callout box. The 'Add to Request' button is located to the right of the address list. The bottom of the form has a 'Save & Print' button and a 'Modify Request' dropdown menu, followed by 'Submit', 'Save', and 'Close' buttons.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Bariatric Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine', and the 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. The right side of the screen shows a summary of the patient information, including 'Patient: TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID:', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', and 'Product: 00102004 - HMO-Medicare Blue Ch'. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Bariatric Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

The screenshot shows the 'Authorization Request' form with the '3. Diagnosis' tab selected. On the left, an 'ICD-9 Lookup' table lists codes 278 and 278.0 through 278.8. A green checkmark in the 'Billable' column for code 278.0 is highlighted with a white arrow labeled '1.'. To the right of the table, 'Add to Request' buttons are visible for each code. A white arrow labeled '2.' points to one of these buttons. A large white arrow labeled 'NEXT' points to the 'Next >>' button at the bottom of the table. A white box with the text 'Enter Diagnosis Code' is positioned over the ICD-9 input field. On the right side of the form, the 'Patient Information' section shows details for 'TestPatient1, Declan', including subscriber ID, card ID, DOB, payer, and group. The 'Requesting Information' section shows the date of service (04/21/2014), facility (Sample Practice), and clinician (LOCKWOOD, RICHARD). The 'Diagnosis' and 'Additional Notes' sections are empty text areas. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

ICD-9	Description	Billable	
278	OBESITY AND OTHER HYPERALIMENTATION		
278.0	OBESITY	✓	Add to Request
278.1	LOCALIZED ADIPOSITY	✓	Add to Request
278.2	HYPERVITAMINOSIS A	✓	Add to Request
278.3	HYPERCAROTINEMIA	✓	Add to Request
278.4	HYPERVITAMINOSIS D	✓	Add to Request
278.8	OTHER HYPERALIMENTATION	✓	Add to Request



# Clear Coverage™

## Bariatric Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service

The screenshot displays the 'Authorization Request' form. The left sidebar contains a navigation menu with the following items: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. The '5. Service Information' accordion is expanded, showing a table with columns: Priority, Diagnosis, Service Facility, Medical Review, NDC, Modifi..., CPT, and Details. The table contains one row with the following data: Priority: Normal, Diagnosis: 278.00, Service Facility: (empty), Medical Review: (empty), NDC: (empty), Modifi...: (empty), CPT: 43645, and Details: (empty). A yellow warning icon and the text 'Required to Submit' are visible below the table. The right pane shows a summary of the request with the following sections: Patient Information (Eligibility Check: Eligible), Requesting Information (Complete), Diagnosis (Selected), and Service 1. The Patient Information section includes fields for Patient (TestPatient1, Declan), Subscriber ID (EXLTST001), Card ID (EXLTST001), DOB (12/18/1972), Payer (Health Plan), and Group (005000730001M004). The Requesting Information section includes Date of Service (04/21/2014), Facility (Sample Practice), Clinician (LOCKWOOD, RICHARD), and Clinician NPI (1922088871). The Diagnosis section shows a table with columns Diagnosis and Description, containing one row: 278.00 and OBESITY, UNSPECIFIED. The Service 1 section includes fields for Description (Bariatric Procedures Including Gastric Bypass and Lap Banding), Product (Custom), Coverage (Prior Approval), Auth Dates, Primary ICD-9 (278.00), and NDC. At the bottom of the form, there are buttons for Save & Print, Modify Request, Submit, Save, and Close.

Priority	Diagnosis	Service Facility	Medical Review	NDC	Modifi...	CPT	Details
Normal	278.00					43645	

Required to Submit

Next >>

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close


# Clear Coverage™

## Bariatric Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend even if it meets criteria). Click the "Search" button (3).

[illegible]

When the results display, select the appropriate provider.

**IMPORTANT NOTE:** When selecting the facility, ensure that the facility chosen has this symbol:  to the left of the Service Facility Name.

**Service Facility Available** X

Current Service Facility: Select a facility

Name:   Facility Type:   NPI:   In-Plan:   Search Clear

**Search Results:** 1 2 >

Preferred	Service Facility Name	Service Facility Address	Facility Type	Network	Phone Number	NPI
select	✓	Facility information appears here				

# Clear Coverage™

## Bariatric Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

**5. Service Information**

Priority:	Diagnosis:	Service Facility:
Bariatric Procedures Including Gastric Bypass and Lap Banding	Normal	278.00
Medical Review:	NDC:	Modifi...
Required to Submit		CPT: 43645
		Details: Details

If criteria met: Click “Finish.”

**Medical Review**

Patient: TestPatient1, Declan

**Bariatric Procedures Including Gastric Bypass and Lap Banding**

Type: Custom  
Version: RM12

Medical Review

Overview | Q1 | Q2 | Q3 | **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Bariatric Procedures Including Gastric Bypass and Lap Banding as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Bariatric Procedures Including Gastric Bypass and Lap Banding

Question Source: BARIATRIC PROCEDURE WITH GASTRIC BYPASS INCLUDING LAP BANDING (Custom) - EHP (Custom) - AP (Custom)

**View Printable Summary** **Finish**

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close



# Clear Coverage™

## Bariatric Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Bariatric Procedures including Gastric Bypass and Lap Banding” (or appropriate requested item) if you wish the request to pend to the Health Plan for review (1). Click “Finish.”

Medical Review

Patient: TestPatient1, Declan

### Bariatric Procedures Including Gastric Bypass and Lap Banding

Type: Custom  
Version: RM12

Medical Review

Overview Q1 Q2 Q3 Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support Bariatric Procedures Including Gastric Bypass and Lap Banding based on the information supplied.

**Recommended Actions:**

**Remove the following test(s):**

- ☒ Bariatric Procedures Including Gastric Bypass and Lap Banding

Defaults to remove the test. Provider must unselect.

**Alternative Action(s):**

- ☐ Continue with Bariatric Procedures Including Gastric Bypass and Lap Banding

Note: Proceeding with this test may require review by the payer.

Question Source: BARIATRIC PROCEDURE WITH GASTRIC BYPASS INCLUDING LAP BANDING (Custom) - EHP (Custom) - AP (Custom)

[View Printable Summary](#) [< Back](#) [Finish](#)

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

Comments

Close

# Clear Coverage™

## Bariatric Authorization Entry Tips

Ensure the correct CPT code is populated:

The screenshot shows the '5. Service Information' form. The 'CPT' field is highlighted with a black arrow pointing to a dropdown menu. The dropdown menu lists the following CPT codes: 43644, 43645 (highlighted), 43659, 43770, and 43771. The 'Details' button is also visible next to the CPT field.

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

The screenshot shows the '5. Service Information' form. A white arrow labeled 'DETAILS' points to the 'Details' button, which has a red exclamation mark icon.

The screenshot shows the 'Details for Bariatric Procedures Including Gastric Bypass and Lap Banding' form. The form contains the following fields:

- Place of Service: \* 21 - Inpatient Hospital (indicated by arrow 1)
- Referral Provider: --select--
- Referral Number:
- Requested Number Of Units: \* 1 (indicated by arrow 2)
- Requested Unit Type: \* Units (indicated by arrow 2)
- Frequency:
- Frequency Type: --select--
- Duration:
- Duration Type: --select--

At the bottom right, there are 'OK' and 'Cancel' buttons, with an arrow labeled '3.' pointing to the 'OK' button.

# Clear Coverage™

## Bariatric Authorization Entry Tips

Click "Next."

The screenshot shows the 'Authorization Request' form. On the left is a sidebar with a 'Patient Search' button and a list of steps: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. The main form area is divided into two columns. The left column contains input fields for 'Priority' (set to 'Normal'), 'Diagnosis' (set to '278.00'), and 'Service Facility' (with a 'Facility name' input field). Below these are buttons for 'Medical Review' (marked 'Completed'), 'NDC', 'Modifi...', 'CPT' (set to '43645'), and 'Details'. The right column contains a summary of the request with sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Service 1'. A large black arrow points from the bottom of the left column to the 'Next >>' button at the bottom right of the form.

**Authorization Request**

Patient Search

**1. Patient Information**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

Priority: Normal Diagnosis: 278.00 Service Facility: Facility name

Bariatric Procedures Including Gastric Bypass and Lap Banding

Medical Review: Completed NDC: Modifi... CPT: 43645 Details: Details

**6. Additional Notes**

**Authorization Request**

**Patient Information** Eligibility Check: Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** Complete

Date of Service: 04/21/2014  
Facility: Sample Practice  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** Selected

Diagnosis	Description
278.00	OBESITY, UNSPECIFIED

**Service 1**

Description: Bariatric Procedures Including Gastric Bypass and Lap Banding  
Product: Custom  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 278.00  
NDC:

**Next >>**

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Bariatric Authorization Entry Tips

### Accordian 6: Additional Notes

If criteria was not met, or if this is a Medicare, Medicaid or Safety Net patient, enter additional information and/or attach a note with supporting medical documentation (1). A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form with a sidebar on the left containing a list of sections: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The 'Additional Notes' section is expanded, showing a text area for notes and a 'Browse' button for attachments. A large text box explains that additional clinical information can be added here, with a 4000 character limit, and that the 'Add Notes/Attachments' button should be clicked to complete the authorization. Three numbered arrows indicate the workflow: Arrow 1 points to the 'Browse' button; Arrow 2 points to the 'Add Note / Attachments' button; Arrow 3 points to the 'Submit' button at the bottom right. The form also displays patient information (TestPatient1, Declan), requesting information (Date of Service: 04/21/2014, Facility: Sample, Clinician: LOCKWOOD, RICHARD), and a diagnosis (278.00 OBESITY, UNSPECIFIED). The service is 'Bariatric Procedures Including Gastric Bypass and Lap Banding'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Additional Notes:

Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the "Add Notes/Attachments" button (2). To complete the authorization click the "Submit" button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0):

1.

2.

3.

Authorization Request

Patient Information Eligibility Check: ☒ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan ☒ [View Coverage Details](#)

Group: 005000730001M004

Requesting Information ☒ Complete

Date of Service: 04/21/2014

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis ☒ Selected

Diagnosis	Description
278.00	OBESITY, UNSPECIFIED

Service 1

Description: [Bariatric Procedures Including Gastric Bypass and Lap Banding](#)

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 278.00

NDC:

Requested Units: 1 Unit

Save & Print

Submit Save Close

## Clear Coverage™ Bariatric Authorization Entry Tips

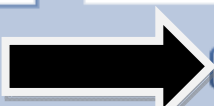
Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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



The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
Bariatric Procedures Including Gastric Bypass and Lap Banding		140930800023	MC0000722	✓ Auto Author	08/26/2014

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

Would you like to create another Authorization Request?

☒ Include Requesting Information  
☒ Include Diagnoses






# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

All requests for blepharoplasty's will pend for medical necessity review by the Health Plan. The review tool MUST be completed to provide clinical information and the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

**Photos are ALWAYS required!** (attach in accordion 6)

Note: Any combination of requests for Blepharoplasty, Levator Advancement and Browpexy can be requested on the same authorization.

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form. On the left, the 'Patient Search' section is visible, with a large black arrow pointing to the 'Select Pay Type' button. The '1. Patient Information' section contains fields for First Name, MI, Last Name, DOB, Gender, Payer (set to 'Health'), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A red callout box points to the 'Past Coverage' link, stating: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Another callout box points to the 'Future Coverage' link, stating: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the form shows the 'Authorization Request' section with tabs for Patient Information, Requesting Information, Diagnosis, and Additional Notes. The bottom of the form has a 'Save & Print' button and a 'Modify Request' dropdown menu with 'Submit', 'Save', and 'Close' buttons.



# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active, displaying fields for 'Date of Service' (MM/DD/YYYY), 'Facility Name' (Sample), 'Requesting Clinician' (a dropdown menu), 'Primary Specialty', and 'Requesting Clinician NPI'. A 'Select Other Clinician' link is visible next to the 'Requesting Clinician' dropdown. An 'Add to Request' button is at the bottom right of the form. The right sidebar shows 'Patient Information' with details for TestPatient1, Declan, including Subscriber ID, Card ID, DOB, Payer (Health Plan), and Group (005000730001M004). It also shows an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link in the 'Requesting Clinician' dropdown menu area. The 'Requesting Clinician' dropdown now shows '--select--'.



# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the "Use Selected" button(4).

The screenshot shows the 'Provider Search' window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown arrow), ID (empty field), In Plan (dropdown menu), Search, and Clear buttons.
- Results Table:**

Provider Name	NPI	Primary Specialty	Network
<u>LOCKWOOD, RICHARD</u>	1922088871	Internal Medicine	In Plan
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' and 'Use Selected' and 'Cancel' buttons.

Numbered callouts indicate the following steps:

1. ID Type dropdown menu
2. Add Selected to Preferred Clinicians / Organizations List checkbox
3. Results table area
4. Use Selected button

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. On the left, the 'Patient Search' section is active, showing '1. Patient Information' and '2. Requesting Information'. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' is 'Internal Medicine' and the 'Requesting Clinician NPI' is '1033181755'. A red box with white text says 'Ensure that both the address and facets number are correct' with an arrow pointing to the address dropdown. The dropdown is open, showing two addresses. The first address is '1185 Sweethome Rd, Amherst, NY 14226' with 'Identifier: 000000006519' and 'Sequence: 2'. The second address is 'PO Box 17850, Rochester, NY 14617' with 'Identifier: 000000006519' and 'Sequence: 3'. A white box with black text says 'Select "Sequence: 2"' with an arrow pointing to the first address. On the right, the 'Authorization Request' section is visible, showing 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, Plan, Product, and Group. The 'Eligibility Check' is 'Eligible'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \* [Select Other Clinician](#)

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: ✔ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000720001M004 - Rochester General Hos

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine'. The 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. On the right side, the 'Authorization Request' panel shows 'Patient Information' with an 'Eligibility Check' status of 'Eligible'. The patient details include: Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Hospital. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

ICD-9 Lookup: ptosis

Enter Diagnosis Code

1.

ICD-9	Description	Billable	Action
374.3	PTOSIS OF EYELID		
374.30	PTOSIS OF EYELID, UNSPECIFIED	✓	Add To Request
374.31	PARALYTIC PTOSIS	✓	Add To Request
374.32	MYOGENIC PTOSIS	✓	Add To Request
374.33	MECHANICAL PTOSIS	✓	Add To Request
374.34	BLEPHAROCALASIS	✓	Add To Request
611.81	PTOSIS OF BREAST	✓	Add To Request
743.61	CONGENITAL PTOSIS OF EYELID	✓	Add To Request

2.

NEXT

Next >>

**Authorization Request**

**Patient Information** Eligibility Check: ✓ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan ✓ [View Coverage Details](#)

Group: 005000730001M004

**Requesting Information** ✓ Complete

Date of Service: 04/28/2014

Facility: Sample Practice

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✓ Selected

Diagnosis	Description	Action
374.30	PTOSIS OF EYELID, UNSPECIFIED	

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### Accordion 4: Services

Enter CPT code(s)

- Click the “Add to Request” button, then click “Next” once all codes have been added.

The screenshot displays the 'Authorization Request' form. On the left, the '4. Service' section is active. A 'Service Lookup' input field contains '15820', with an arrow pointing to it labeled 'Enter CPT code'. Below this is a table of search results:

Service	Product	CPT*	Coverage	
Blepharoplasty	Custom	15820		<b>ADD</b> <input type="button" value="Add to Request"/>

An arrow labeled 'NEXT' points to the 'Next >>' button at the bottom right of the Services section. The right-hand panel shows the 'Authorization Request' summary with sections for Patient Information, Requesting Information, and Diagnosis, all marked as complete or selected.

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service

The screenshot displays the 'Authorization Request' form. On the left, a sidebar contains a 'Patient Search' button and a list of accordions: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information (which is selected). The main content area is divided into two panes. The left pane shows a table for 'Blepharoplasty' with columns for Priority, Diagnosis, Service Facility, Medical Review, NDC, Modifiers, CPT, and Details. The right pane shows a detailed view of the 'Blepharoplasty' service, including Patient Information, Requesting Information, Diagnosis, and Service 1 details.

Priority:	Diagnosis:	Service Facility:
Normal	374.30	Change

Medical Review:	NDC:	Modifi...	CPT:	Details:
Required to Submit		Modifiers	15820	Details

**Authorization Request**

**Patient Information** Eligibility Check: Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** Complete

Date of Service: 04/28/2014  
Facility: Sample Practice  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** Selected

Diagnosis	Description
374.30	PTOSIS OF EYELID, UNSPECIFIED

**Service 1**

Bleph & ptosis  
Description: **Blepharoplasty**  
Product: Custom  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 374.30  
NDC:

**6. Additional Notes**

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search window. At the top, there are input fields for 'Name' and 'NPI', both with a double-headed arrow and the number '1.' pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with an arrow and the number '2.' pointing to it. Further right is a 'Search' button with an arrow and the number '3.' pointing to it. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

The screenshot shows the 'Service Facilities Available' search window with search results. The 'Current Service Facility' is 'Cayuga Medical Center Convenient Care Ctr'. The search fields are filled with 'Name: Cayuga Medical Center Convenient Care Ctr', 'Facility Type: Convenient Care Ctr', and 'NPI: 1234567890'. The dropdown menu is set to 'In-Plan'. The 'Search' button is highlighted. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table contains one row of results, which is highlighted in green. The text 'Facility/Provider information appears here' is overlaid on the table. An arrow points to the 'select' button in the first row of the table.

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

5. Service Information				
	Priority:	Diagnosis:	Service Facility:	
Bleph & ptosis	<b>Normal</b>	<b>374.30</b>	Facility name	
	Medical Review:	NDC:	Modifi...	CPT:
Blepharoplasty	<b>! Required to Submit</b>		<b>! Modifiers</b>	<b>15820</b>
				<b>! Details</b>

**If criteria met:** Click “Finish.”

**Blepharoplasty** Type: Custom  
Version: RM12

Medical Review

Overview Q1 Q2 Q3 Q4 Q5 Q6 Q7 **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Blepharoplasty as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Blepharoplasty

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date	Time	Author
------	------	--------



# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Blepharoplasty” (or appropriate item) if you wish the request to pend to the Health Plan for review.

The screenshot displays the 'Blepharoplasty' Medical Review interface. At the top, it shows 'Type: Custom' and 'Version: RM12'. The 'Medical Review' tab is active, with sub-tabs for Overview, Q1, Q2, Q3, Q4, Q5, and 'Results: Criteria Not Met'. The 'Results: Criteria Not Met' section has a yellow background and states: 'Clinical evidence does not support Blepharoplasty based on the information supplied.' Below this, the 'Recommended Actions' section is highlighted in green. It contains a 'Remove the following test(s):' section with a radio button selected for 'Blepharoplasty'. An arrow points to this section with the text: 'Defaults to remove the test. Provider must unselect.' Below the recommended actions, the 'Alternative Action(s):' section shows a radio button for 'Continue with Blepharoplasty' and a note: 'Note: Proceeding with t...yer.' An arrow points to this section with the number '1.'. At the bottom of the main content area, there is a 'View Printable Summary' button and '< Back' and 'Finish' buttons. An arrow points to the 'Finish' button with the number '2.'. On the right side, there is a 'Results Comments (0)' section with an 'Add a Comment' button and a text area for comments. Below this is a table with columns for Date, Time, and Author. At the bottom right, there is a 'Close' button.

2. Click “Finish.”

## Clear Coverage™ Blepharoplasty Authorization Entry Tips

**Modifiers:** Click on the modifier tab (if there is more than one tab you must open and complete each tab).

The screenshot shows the '5. Service Information' form. The 'Blepharoplasty' row is highlighted. The 'Medical Review' column shows a green checkmark and the word 'Completed'. The 'NDC' column shows '374.30'. The 'Modifi...' column has a button labeled '! Modifiers'. An arrow points from the 'Completed' button to the '! Modifiers' button.

Click on the drop down arrow and select if the procedure will be performed on the right, left or bilateral (1). Click "OK" (2).

The screenshot shows the 'Modifiers for Blepharoplasty' dialog box. The 'Left or Right or Bilateral' dropdown menu is open, showing options: '50 - Bilateral', 'LT - Left', and 'RT - Right'. An arrow points to the dropdown menu (1). The 'OK' button is highlighted with an arrow (2).

Ensure the correct CPT code is populated from the drop down menu:

The screenshot shows the '5. Service Information' form. The 'Blepharoplasty' row is highlighted. The 'CPT' column shows '15820'. The 'Details' column has a button labeled '! Details'. An arrow points to the 'CPT' column.

## Clear Coverage™

### Blepharoplasty Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

	Priority:	Diagnosis:	Service Facility:	Medical Review:	NDC:	Modifi...	CPT:	Details:
Bleph & ptosis	Normal	374.30	Facility name					
Blepharoplasty	Completed							Details

**Details for Blepharoplasty**

Place of Service: \* 22 - Outpatient Hospital

Referral Provider: --select--

Referral Number:

Requested Number Of Units: \* 2

Requested Unit Type: \* Units

Frequency:

Frequency Type: --select--

Duration:

Duration Type: --select--

**NOTE:** If you selected "bilateral" as a modifier, you must request **two** units.

3. OK Cancel

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

Click "Next"

**Authorization Request**

Patient Search

**1. Patient Information**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

Priority: Normal    Diagnosis: 374.30    Service Facility: Facility name

Bleph & ptosis

Blepharoplasty    Medical Review: Completed    NDC:    Modifi...    CPT: 15820    Details:

**6. Additional Notes**

**Authorization Request**

**Patient Information**    Eligibility Check: **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001    [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan       [View Coverage Details](#)

Group: 005000730001M004

**Requesting Information**    **Complete**

Date of Service: 04/28/2014

Facility: Sample Practice

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871    [View Clinician Details](#)

**Diagnosis**    **Selected**

Diagnosis	Description
374.30	PTOSIS OF EYELID, UNSPECIFIED

**Service 1**

Bleph & ptosis

Description: **Blepharoplasty**

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 374.30

NDC:

**Next >>**

Save & Print    Modify Request    Submit    Save    Close

# Clear Coverage™

## Blepharoplasty Authorization Entry Tips

### Accordian 6: Additional Notes

Type any additional clinical information in the “Additional Notes” free text box and/or attach additional supporting medical documentation and the required photographs (1). A note must be added in order to attach a document.

NOTE: All authorization requests require photographs to be submitted.

The screenshot shows the 'Authorization Request' form. On the left, a sidebar contains a 'Patient Search' button and a list of sections: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. Section 6 is selected. The main area is divided into two panes. The left pane contains a text box for 'Additional Notes' with a placeholder text: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.' Below this text box is an 'Attachments (0):' section with a 'Browse' button. An arrow labeled '1.' points to the 'Browse' button. An arrow labeled '2.' points to the 'Add Note / Attachments' button. The right pane displays the details for the authorization request, including Patient Information, Requesting Information, Diagnosis, and Service 1. At the bottom of the form, there is a 'Save & Print' button and a 'Submit' button. An arrow labeled '3.' points to the 'Submit' button.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

\* Additional Notes:

Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0): Browse

1.

2.

Add Note / Attachments

3.

Save & Print

Submit Save Close

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan [View Coverage Details](#)

Group: 005000730001M004

Requesting Information Complete

Date of Service: 04/28/2014

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis Selected

Diagnosis	Description
374.30	PTOSIS OF EYELID, UNSPECIFIED

Service 1

Bleph & ptosis

Description: Blepharoplasty

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 374.30

NDC:

## Clear Coverage™ Blepharoplasty Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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



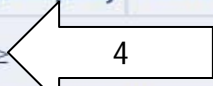
The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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

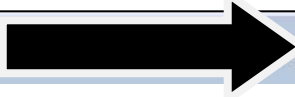
Group	Service	Reference #	Payer Authorization#	Request Status	Expires
BLEPH & PTOSIS	Blepharoplasty	140510800002		Auth Pending	

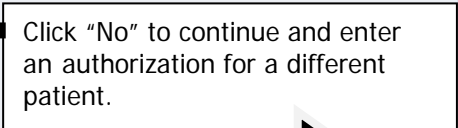
[View Request \(PDF\) >>](#) 


Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses







# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

**Medicare:** review tool MUST be completed to provide clinical information to the Health Plan. Medicare requests will pend until this information is reviewed.

**Commercial:** will auto approve if criteria is met.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form. On the left, under '1. Patient Information', there are fields for First Name, MI, Last Name, DOB, Gender, Pay Type (with a 'Select Pay Type' button), Payer (Health Plan), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' An arrow points from this box to the 'Past Coverage' link. Another arrow points from a text box on the right to the 'Future Coverage' link. The text box on the right says: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the form has sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.





# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window with the 'Requesting Information' section active. The 'Date of Service' is set to 'MM/DD/YYYY'. The 'Facility Name' is set to 'Sample'. The 'Requesting Clinician' is set to 'Sample'. The 'Primary Specialty' is set to 'Sample'. The 'Requesting Clinician NPI' is set to 'Sample'. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is marked as 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link next to the 'Requesting Clinician' field. The 'Requesting Clinician' field is currently set to 'Sample'.

## Clear Coverage™

### Bone Growth Stimulator Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan. A radio button is located to the left of the first row.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' (checked), a 'Use Selected' button, and a 'Cancel' button.

Numbered callouts indicate the following steps:

1. Points to the search fields.
2. Points to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
3. Points to the radio button next to the first row in the table.
4. Points to the 'Use Selected' button.

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open below the NPI field, showing two addresses. A red callout box points to the first address: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2'. A white callout box points to the second address: 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. A red box with white text says 'Ensure that both the address and facets number are correct'. A white box with black text says 'Select "Sequence: 2"'. The right pane shows 'Patient Information' (Patient: TestPatient1, Declan; Subscriber ID: EXLTS001; Card ID; DOB: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Ho) and 'Eligibility Check' (Eligible). The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTS001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine'. The 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. The right side of the screen shows a summary of the patient information, including 'Patient: TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID:', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', and 'Product: 00102004 - HMO-Medicare Blue Ch'. The 'Eligibility Check' status is 'Eligible'. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

ICD-9 Lookup:

733.81

Enter Diagnosis

ICD-9 Description Billable

733.81 MALUNION OF FRACTURE Add to Request

1.

2.

NEXT

Next >>

Authorization Request

Patient Information Eligibility Check: ✔ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health ✔ [View Coverage Details](#)

Plan

Group: 005000730001M004

Requesting Information ✔ Complete

Date of Service: 03/24/2014

Facility: Sample Practice

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

Enter CPT code.

- Click the "Add to Request" button, then click "Next".

### Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

Service Lookup:

Enter CPT code

Show service specific to selected diagnoses only

Search Results: Services

Service	Product	CPT*	Coverage
Bone Growth Stimulator	Custom		

ADD

Add to Request

5. Service Information

6. Additional Notes

Authorization Request

Patient Information

Eligibility Check ✓ Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan ✓ [View Coverage Details](#)  
Group: 005000730001M004

Requesting Information

✓ Complete

Date of Service: 03/24/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis

✓ Selected

Diagnosis	Description
733.81	MALUNION OF FRACTURE

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service (or provider/vendor)

The screenshot displays the 'Authorization Request' form. The main window has a sidebar with tabs: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. The '5. Service Information' tab is active. It contains fields for Priority (Normal), Diagnosis (733.81), and Service Facility (Change). Below these are fields for Medical Review (Required to Submit), NDC, Modifier, CPT (E0748), and Details. A 'Next >>' button is at the bottom right of the main form. A right-hand pane shows a summary of the request with sections: Patient Information (Eligible), Requesting Information (Complete), Diagnosis (Selected), and Service 1. The Service 1 section details the Bone Growth Stimulator request, including product, coverage, auth dates, primary ICD-9, NDC, and medical review status (Required to Submit). At the bottom of the window are buttons for Save & Print, Modify Request, Submit, Save, and Close.

Priority:	Diagnosis:	Service Facility:
Normal	733.81	Change

Medical Review:	NDC:	Modifier:	CPT:	Details:
Required to Submit			E0748	Details

Next >>

6. Additional Notes

Save & Print

Modify Request Submit Save Close

**Authorization Request**

**Patient Information** Eligibility Check: ✓ Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan ✓ [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** ✓ Complete

Date of Service: 03/24/2014  
Facility: Sample Practice  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✓ Selected

Diagnosis	Description
733.81	MALUNION OF FRACTURE

**Service 1**

Description: Bone Growth Stimulator  
Product: Custom  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 733.81  
NDC:  
Medical Review: ⚠ Required to Submit  
Result:  
Version:

## Clear Coverage™

### Bone Growth Stimulator Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search window. At the top, there are input fields for 'Name' and 'NPI', both with arrow 1 pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with arrow 2 pointing to it. Below the dropdown, the options 'All', 'In-Network', 'In-Plan', and 'Preferred Providers' are visible. To the right of the dropdown is a yellow 'Search' button with arrow 3 pointing to it. Below the search bar is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

The screenshot shows the 'Service Facilities Available' search window after a search. The 'Name' field contains 'ebi', 'Facility Type' is set to a dropdown, 'NPI' contains '1366423220', and the dropdown menu is still set to 'In-Plan'. The 'Search' button is highlighted. Below the search bar, the table has one row with the following data: 'select' in the 'Preferred' column, a checked checkbox in the 'Service Facility Name' column, and 'Provider info appears here' in the 'Service Facility Address' column. The table has 7 columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. A large arrow points to the 'select' button in the first row.



# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

**5. Service Information**

Priority:	Diagnosis:	Service Facility:
Bone Growth Stimulator	Normal	733.81
Medical Review:	NDC:	Modifier:
Required to Submit	--select--	Details:

If criteria met: Click “Finish.”

**Bone Growth Stimulator**

Type: Custom  
Version: RM12.1

Medical Review

Overview | Q1 | Q2 | Q3 | **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Bone Growth Stimulator as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Bone Growth Stimulator

Question Source: BONE GROWTH STIMULATOR/OST... Last Updated: 03/31/2012 Last Literature Review: 03/31/2012

**View Printable Summary** **< Back** **Finish**

**Results Comments (0)**

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to "Continue with Bone Growth Stimulator" (or appropriate item) if you wish the request to pend to the Health Plan for review.

**Bone Growth Stimulator** Type: Custom Version: RM12.1

Medical Review Overview Q1 Q2 Q3 Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support Bone Growth Stimulator based on the information supplied.

**Recommended Actions:**

Remove the following test(s):

- ☒ Bone Growth Stimulator

**Alternative Action(s):**

- ☐ Continue with Bone Growth Stimulator
- ☒ Note: Proceeding with this test

Question Source: BONE GROWTH STIMULATOR/OST... Last Updated: 03/31/2012 Last Literature Review: 03/31/2012

View Printable Summary < Back Finish

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

2. Click "Finish."

Choose the correct CPT code from the drop down menu:

**4. Service**

**5. Service Information**

Bone Growth Stimulator

Priority: Normal Diagnosis: 733.81 Service Facility: Facility/Vendor name

Medical Review: Completed NDC: Modifi... CPT: --select-- Details: Detail

CPT code

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the “OK” button (3).

The screenshot shows the main authorization entry form. It has a sidebar on the left with tabs: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. The main area displays fields for Priority (Normal), Diagnosis (733.81), and Service Facility (Facility/ Vendor name). Below these are fields for Medical Review (Completed), NDC, Modifier, CDT, and a Details button. A white arrow labeled 'DETAILS' points to the Details button.

The screenshot shows the 'Details for Bone Growth Stimulator' dialog box. It contains the following fields: Place of Service: \* (dropdown menu with --select--), Referral Provider: (dropdown menu with --select--), Referral Number: (text field), Requested Number Of Units: \* (text field), Requested Unit Type: \* (dropdown menu with --select--), Frequency: (text field), Frequency Type: (dropdown menu with --select--), Duration: (text field), and Duration Type: (dropdown menu with --select--). At the bottom are OK and Cancel buttons. Three numbered callouts are present: '1.' points to the Place of Service dropdown, '2.' points to the Requested Unit Type dropdown, and '3.' points to the OK button.

# Clear Coverage™

## Bone Growth Stimulator Authorization Entry Tips

### Accordion 6: Additional Notes

If criteria was not met, enter additional information and/or attach a note with supporting medical documentation (1).

A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form. On the left, an accordion menu has '6. Additional Notes' selected. A text box for 'Additional Notes' contains the following text: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the "Add Notes/Attachments" button (2). To complete the authorization click the "Submit" button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.'

Annotation 1 points to the 'Attachments (0): Browse' button. Annotation 2 points to the 'Add Note / Attachments' button. Annotation 3 points to the 'Submit' button in the bottom right corner.

The form details on the right are as follows:

- Patient Information** (Eligibility Check: ✔ Eligible)
  - Patient: TestPatient1, Declan
  - Subscriber ID: EXLTST001 [View Member Details](#)
  - Card ID: EXLTST001
  - DOB: 12/18/1972
  - Payer: Health Plan ✔ [View Coverage Details](#)
  - Group: 005000730001M004
- Requesting Information** (✔ Complete)
  - Date of Service: 03/27/2014
  - Facility: Sample Practice
  - Clinician: LOCKWOOD, RICHARD
  - Clinician NPI: 1922088871 [View Clinician Details](#)
- Diagnosis** (✔ Selected)

Diagnosis	Description
733.81	MALUNION OF FRACTURE
- Service 1**
  - Description: Bone Growth Stimulator
  - Product: Custom
  - Coverage: Prior Approval
  - Auth Dates:
  - Primary ICD-9: 733.81
  - NDC:
  - Requested Units/Type: 1 / Units

At the bottom, there is a 'Save & Print' button and a row of buttons: 'Submit', 'Save', and 'Close'.

## Clear Coverage™

### Bone Growth Stimulator Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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



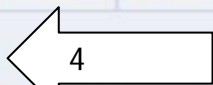
The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

The following requests have been submitted. They can now be viewed from the search results.

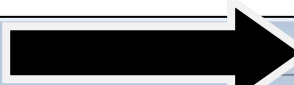
Group	Service	Reference #	Payer Authorization#	Request Status	Expires
	Bone Growth Stimulator	140850600007		Auth Pending	

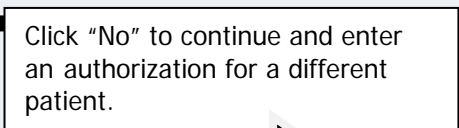
[View Request \(PDF\) >>](#) 

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses





# Clear Coverage™

## CPAP/BiPAP Authorization Entry Tips

**Medicare/Medicaid:** All requests will pend. Send supporting documentation within the Clear Coverage™ tool (Accordion 6).

**Commercial:** will auto approve for 3 months if criteria is met. If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

If the request is for extension of rental, please refer to the "CPAP/BiPAP Extension Request" document.

After searching for and selecting the patient, the Authorization Request Entry Box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' window. On the left, the '1. Patient Information' section contains fields for First Name, MI (with a dropdown set to 'A'), Last Name, DOB, Gender, Pay Type (with a 'Select Pay Type' button), Payer (Health Plan with a green checkmark), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Two arrows point from this box to the 'Past Coverage' and 'Future Coverage' links. A white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the window has sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.



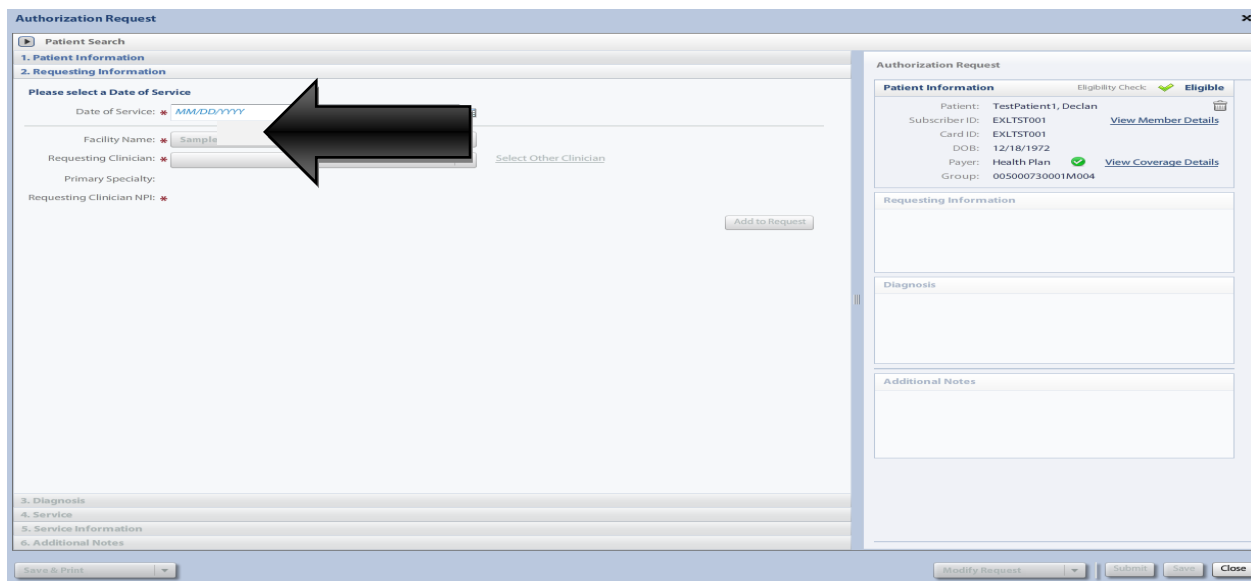
# Clear Coverage™

## CPAP/BiPAP Authorization Entry Tips

### Accordion 2: Requesting Information

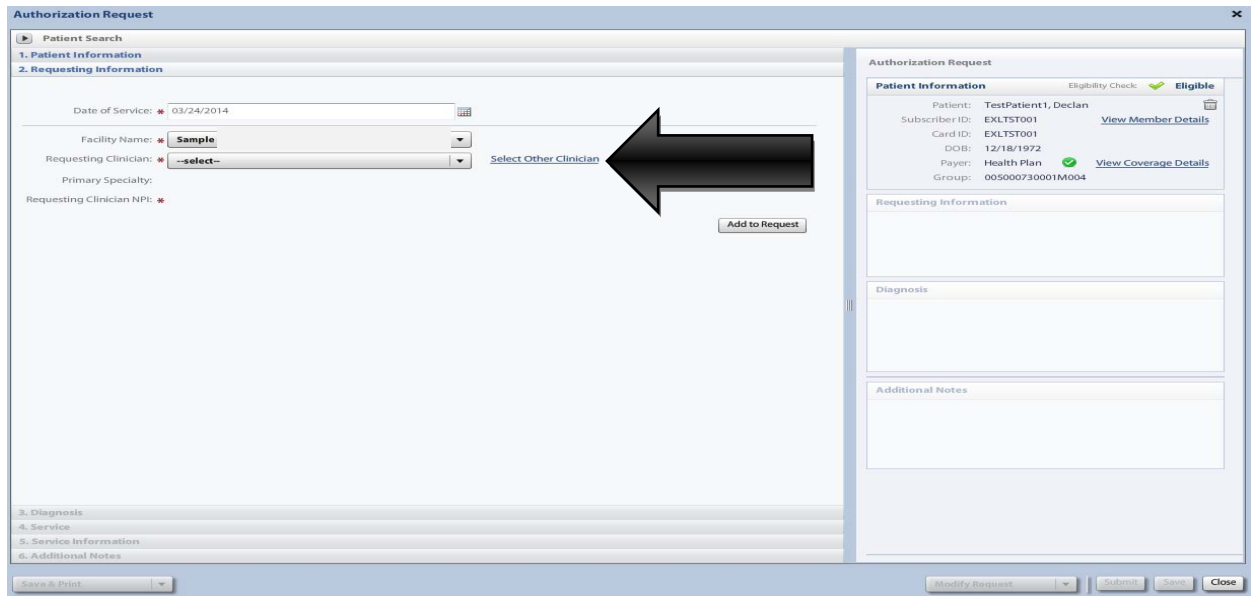
**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.



The screenshot shows the 'Authorization Request' form with the 'Requesting Information' section active. The 'Date of Service' field is highlighted with a large black arrow. The form includes fields for Facility Name (Sample), Requesting Clinician (Sample), Primary Specialty, and Requesting Clinician NPI. A sidebar on the right displays patient information for 'TestPatient1, Declan' and a status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant or other provider. Click on "Select Other Clinician" to search.



The screenshot shows the 'Authorization Request' form with the 'Requesting Information' section active. The 'Requesting Clinician' dropdown menu is highlighted with a large black arrow. The form includes fields for Date of Service (03/24/2014), Facility Name (Sample), Requesting Clinician (--select--), Primary Specialty, and Requesting Clinician NPI. A sidebar on the right displays patient information for 'TestPatient1, Declan' and a status of 'Eligible'.



## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Results Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan.
- Selection:** A radio button is located to the left of the first row in the results table.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' and 'Use Selected' and 'Cancel' buttons.

Numbered callouts indicate the following steps:

1. Points to the search fields.
2. Points to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
3. Points to the radio button next to the first result.
4. Points to the 'Use Selected' button.

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open, showing two address options. A red callout box points to the dropdown with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the 'Sequence: 2' option with the text 'Select "Sequence: 2"'. The right pane shows 'Patient Information' (Eligible), 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name:

Requesting Clinician:

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

1185 Sweethome Rd  
Amherst, NY 14226  
Identifier: 0000000006519  
Sequence: 2

PO Box 17850  
Rochester, NY 14617  
Identifier: 0000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot shows a web application window titled "Authorization Request". The main form is divided into two tabs: "1. Patient Information" and "2. Requesting Information". The "Patient Information" tab is active, showing fields for Date of Service (08/31/2015), Facility Name, Requesting Clinician, Primary Specialty (Internal Medicine), Requesting Clinician NPI (1033181755), and Clinician Location (1185 Sweethome Rd). A large black arrow points from the "Add to Request" button in the bottom right of the main form to the "Add to Request" button in the right-hand panel. The right-hand panel, titled "Authorization Request", contains a summary of the patient information and an "Eligibility Check" status of "Eligible". It also has sections for "Requesting Information", "Diagnosis", and "Additional Notes". At the bottom of the right-hand panel, there are buttons for "Modify Request", "Submit", "Save", and "Close".

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \* [Select Other Clinician](#)

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: \* 1185 Sweethome Rd

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M001 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## CPAP/BiPAP Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

ICD-10 Lookup: sleep apnea

Enter Diagnosis

1.

ICD-10	Description	Billable
G47.3	SLEEP APNEA	
G47.30	SLEEP APNEA, UNSPECIFIED	
G47.31	PRIMARY CENTRAL SLEEP APNEA	
G47.32	HIGH ALTITUDE PERIODIC BREATHING	
G47.33	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)	
G47.34	IDIOPATHIC SLEEP RELATED NONOBSTRUCTIVE ALVEOLAR HYPOVENTILATION	
G47.35	CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME	
G47.36	SLEEP RELATED HYPOVENTILATION IN CONDITIONS CLASSIFIED ELSEWHERE	
G47.37	CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE	
G47.39	OTHER SLEEP APNEA	
P28	OTHER RESPIRATORY CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	

2.

Next >>

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Decan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Requesting Information

Complete

Date of Service: 09/13/2018

Facility:

Clinician: LOCKWOOD, RICHARD, MD

Clinician NPI: 1922088871

View Clinician Details

Diagnosis

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

### Accordion 4: Services

- Enter CPT code: CPAP E0601;  
BiPAP E0470; E0471; and/or  
heated humidifier: E0561; E0652 (humidifier can be added  
to CPaP auth)
- Click the “Add to Request” button
- Click “Next”

The screenshot displays the 'Authorization Request' form. The left sidebar shows a navigation menu with steps 1 through 6. Step 4, 'Service', is currently selected. The main content area is divided into two panes. The left pane, titled 'Service Lookup:', contains a text input field with 'E0601' and a callout box with an arrow pointing to it that says 'Enter CPT code'. Below this is a checkbox labeled 'Show service specific to selected diagnosis only'. The right pane, titled 'Search Results: Services', contains a table with the following data:

Service	Product	CPT*	Coverage	
Continuous Positive Airway Pressure device - CPAP	Custom			<div>ADD</div> <div>Add to Request</div>

Below the table is a callout box with an arrow pointing to the 'Next >>' button that says 'NEXT'. The right sidebar contains a summary of the request with sections for Patient Information, Requesting Information, and Diagnosis. The Patient Information section shows details for 'TestPatient1, Declan'. The Requesting Information section shows 'Date of Service: 11/01/2018' and 'Clinician: VIENNE, RICHARD, DO'. The Diagnosis section shows 'G47.30 SLEEP APNEA, UNSPECIFIED'. At the bottom right, there are buttons for 'Modify Request', 'Submit', 'Save', and 'Close'.

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

### Accordion 5: Service

**Priority** - Normal (if request is urgent, call Customer Care)

**Diagnosis** - defaults to the primary diagnosis code that was entered in accordion 3

**Service Facility** - place of service (or provider/vendor)-see next page

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

CPAP/BiPAP

Priority: **Normal**

Diagnosis: **G47.30**

Service Facility: **! Change**

Medical Review: NDC: Modifiers: CPT: Details:

Continuous Positive Airway Pressure dev... **! Required to Submit** E0601 **! Details**

Next >>

6. Additional Notes

Save & Print

Modify Request Submit Save Close

**Authorization Request**

**Patient Information** Eligibility Check: **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan:

Product: 00102004 - HMO-Medicare Blue Ch

Group: 00600032000311004 - Rochester General Hos

**Requesting Information** **Complete**

Date of Service: 11/01/2018

Facility:

Clinician: VIENNE, RICHARD, DO

Clinician NPI: 1033181755 [View Clinician Details](#)

**Diagnosis** **Selected**

Diagnosis	Description
G47.30	SLEEP APNEA, UNSPECIFIED

**Service 1**

**Clear Coverage™**  
**CPAP/BiPAP Authorization Entry Tips**

The screenshot shows the 'Service Facilities Available' search interface. At the top, there is a header 'Service Facilities Available' with a close button (X) on the right. Below the header, there is a section 'Current Service Facility:' containing two input fields: 'Name' and 'NPI'. A large black arrow labeled '1.' points to the 'Name' input field. To the right of the 'NPI' field is a dropdown menu currently showing 'In-Plan'. A large black arrow labeled '2.' points to this dropdown menu. To the right of the dropdown is a 'Search' button. A large black arrow labeled '3.' points to the 'Search' button. Below the search section is a table with the following columns: 'Preferred', 'Service Facility Name', 'Service Facility Address', 'Facility Type', 'Member', and 'NPI'. The table body contains multiple empty rows with alternating light green and white backgrounds. A search results bar above the table shows 'Search Results: Service Facilities' with a magnifying glass icon.

[illegible]

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

**Medical Review:** Click on the Medical Review “Required to Submit” tab.

**MEDICAID:** “Medical Review” is not required. Proceed to page 16.

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Facility/Vendor name

CPAP BIPAP

Priority: Normal

Diagnosis: G47.30

Service Facility: Nunn's Home Medical Eq...

Medical Review: NDC: Modifiers: CPT: Details:

Continuous Positive: Required to Submit E0601 Details

**NOTE:** If the patient already has an authorization entered into Clear Coverage™ for the initial period, and you would like to request an authorization for extension/continued rental of the CPaP/BiPaP, a note will need to be added or attached to the original authorization. Please see the “CPaP/BiPAP Extension Request” document for complete instructions.



# Clear Coverage™

## CPAP/BiPAP Authorization Entry Tips

Complete the review by answering each question and clicking “Next”.

Medical Review

Patient: TestPatient1, Declan

**Continuous Positive Airway Pressure device - CPAP**

Type: Custom  
Version: 2018

Medical Review | Recommended Paths

Q1 | Results

**Question 1: Select from the following Positive Airway Pressure devices or equipment:**

- ☒ Continuous positive airway pressure - CPAP
- ☐ Bilevel Positive Airway Pressure - BiPAP
- ☐ Other e.g. monitoring feature, cleaning or sanitizing device

Question Source: SLEEP MANAGEMENT DEVICES - CPAP, BiPAP (Custom) - EHP [20fec097-ae18-43a3-abc3-1d7fbc372b50] Guide...

**View Printable Summary** | **< Back** | **Next >**

Indicates Not Applicable | **4** Indicates Suggested

**Question 1 Comments (0)**

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

If criteria met: Click “Finish.”

Medical Review

Patient: TestPatient1, Declan

**Continuous Positive Airway Pressure device - CPAP**

Type: Custom  
Version: 2018

Medical Review | Recommended Paths

Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Continuous Positive Airway Pressure device - CPAP as medically necessary.

**Recommended Actions:**

**Proceed with the following test(s):**

- ☒ Continuous Positive Airway Pressure device - CPAP

Question Source: SLEEP MANAGEMENT DEVICES - CPAP, BiPAP (Custom) - EHP [20fec097-ae18-43a3-abc3-1d7fbc372b50] Guide...

**View Printable Summary** | **Back** | **Finish**

Indicates Not Applicable | **4** Indicates Suggested

**Results Comments (0)**

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with.....” if you wish the request to pend to the Health Plan for review.

Medical Review

Patient: TestPatient1, Declan

### Continuous Positive Airway Pressure device - CPAP

Type: Custom  
Version: 2018

Medical Review Recommended Paths

Q1 Q2 Q3 Q4 Q5 Q6 Results: Criteria Not Met

**Result: Criteria Not Met**

Current evidence does not support durable medical equipment in this clinical scenario

**Recommended Actions:**

**Remove the following test(s):**

- ☒ Continuous Positive Airway Pressure device - CPAP

**Alternative Action(s):**

- ☐ Continue with Continuous Positive Airway Pressure device - CPAP

Note: Proceeding with this test may require review by the payer.

Question Source: SLEEP MANAGEMENT DEVICES - CPAP, BiPAP (Custom) - EHP [20fec097-ae18-43a3-abc3-1d7fbc372b50] Guide...

**View Printable Summary** **< Back** **Finish**

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

All Comments

Close

2. Click “Finish.”

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

### Details section:

Click on “!Details” button

5. Service Information

CPAP BIPAP

Priority: Normal

Diagnosis: G47.30

Service Facility: Facility/Vendor name

Medical Review: NDC: Modifiers: CPT: Details: ! Details

Continuous Positive Airway Pressure dev... Completed

Must select: (1) Place of Service, (2) **Requested Number of Units = 3** (do not request more than 3 units or the authorization will pend). Click the “OK” button (3)

Details for Continuous Positive Airway Pressure device - CPAP

Place of Service: \* 12 - Home

Referral Provider: --select--

Referral Number:

Requested Number Of Units: \* 3

Requested Unit Type: \* Units

Frequency:

Frequency Type: --select--

Duration:

Duration Type: --select--

OK Cancel

# Clear Coverage™

## CPAP/BiPAP Authorization Entry Tips

Click “Next”

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

CPAP BiPAP

Priority: **Normal** Diagnosis: **G47.30** Service Facility: **Facility/Vendor name**

Medical Review: NDC: Modifiers: CPT: E0601 Details: **Completed**

Continuous Positive Airway Pressure dev...

6. Additional Notes

Save & Print

Next >>

Authorization Request

Patient Information Eligibility Check: **Eligible**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTS7001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan:  
Product: 00102004 - HMO-Medicare Blue Ch

Requesting Information **Complete**

Date of Service: 11/01/2018  
Facility:  
Clinician: MENNE, RICHARD, DO  
Clinician NPI: 1033181755 [View Clinician Details](#)

Diagnosis **Selected**

Diagnosis	Description
G47.30	SLEEP APNEA, UNSPECIFIED

Service 1

Modify Request Submit Save Close

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

### Accordion 6: Additional Notes

If the request is for a Medicare or Medicaid product or if criteria was not met, enter additional information and/or attach a note with supporting medical documentation (1). A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form. On the left is a sidebar with a 'Patient Search' icon and a list of tabs: '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. The '6. Additional Notes' tab is selected, showing a text area with instructions: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit.' Below this text area is an 'Attachments (0):' label and a 'Browse' button. An arrow labeled '1.' points to the 'Browse' button. To the right of the text area is a '0 of 4000' character count and an 'Add Note / Attachments' button. An arrow labeled '2.' points to this button. At the bottom of the form is a 'Save & Print' button. An arrow labeled '3.' points to the 'Submit', 'Save', and 'Close' buttons at the bottom right. The main content area on the right contains a table for 'Authorization Request' with columns 'Diagnosis' and 'Description'. It lists 'G47.30' for 'SLEEP APNEA, UNSPECIFIED'. Below this is a 'Service 1' section for 'CPAP BiPAP' with details: Description: 'Continuous Positive Airway Pressure device - CPAP', Product: 'Custom', Coverage: 'Prior Approval', Auth Dates: (blank), Primary ICD-10: 'G47.30', NDC: (blank), Requested Units/Type: '3 / Units', Medical Review: 'Completed' (with a green checkmark), Result: 'Criteria Met', Version: '2018', Service Provider: 'Nunn's Home Medical Equipment', Facility Type: (blank), and Phone: '3154755181'. There is a 'View Facility Details' link next to the Facility Type field.

Diagnosis	Description
G47.30	SLEEP APNEA, UNSPECIFIED

Service 1	
CPAP BiPAP	
Description:	Continuous Positive Airway Pressure device - CPAP
Product:	Custom
Coverage:	Prior Approval
Auth Dates:	
Primary ICD-10:	G47.30
NDC:	
Requested Units/Type:	3 / Units
Medical Review:	Completed
Result:	Criteria Met
Version:	2018
Service Provider:	Nunn's Home Medical Equipment
Facility Type:	
<a href="#">View Facility Details</a>	
Phone:	3154755181

## Clear Coverage™ CPAP/BiPAP Authorization Entry Tips

Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

Contact details are required for all submitted authorizations. Please provide contact details (a name and a phone number) below and press submit to finish the request.

First Name:  Last Name:

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

The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Check the "I have read the disclaimer".... box
6. Click "No" to close this request

**Request**

The following requests have been submitted. They can now be accessed 2 search screen 3 1

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
CPAP BiPAP	Continuous Positive Airway Pressure device - CPAP	183041000003	MC0030409	Auto Authori	03/01/2019

[View Request \(PDF\) >>](#) 4

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses

☒ I have read the disclaimer on the authorization request PDF 5

6

Click "No" to continue and enter an authorization for a different patient.

# Clear Coverage™

## CPAP/BiPAP Extension of Initial Authorization Entry Tips

When an initial authorization has already been entered in Clear Coverage™, DO NOT create a new authorization. Follow these steps:

1. Click the "Authorization Search" button.

The screenshot shows the top navigation bar with 'Home', 'Authorization Search', and 'Administration' links. The 'Authorization Search' link is highlighted with a black arrow labeled '1.'. Below the navigation bar is the 'Authorization Search' form with fields for Patient Last Name, Patient First Name, Date Created (set to 'Last 7 Days'), Status (set to 'All'), Payer, Subscriber/Card, Requesting Clinician, Reference Type (set to 'All'), and Reference Number. A 'Search' button is located on the right side of the form.

2. Locate the authorization by patient name and/or reference number.

The screenshot shows the 'Authorization Search' form with 'Testpatient1' entered in the Patient Last Name field and 'Declan' entered in the Patient First Name field. A black arrow labeled '2.' points to the 'Search' button on the right side of the form.

3. Change the "Date Created" timeframe to "Last 120 days" (or further back if the original auth was created prior to 120 days ago).

The screenshot shows the 'Authorization Search' form with 'testpatient1' entered in the Patient Last Name field and 'declan' entered in the Patient First Name field. The 'Date Created' dropdown is set to 'Last 120 Days'. A black arrow labeled '3.' points to the 'Date Created' dropdown. The 'Search' button is highlighted with a black arrow labeled '4.'.

4. Click the "Search" button.

5. Click the "Detail" button to re-open the authorization.

The screenshot shows the search results table with the following data:

Payer Assigned #	Status	Priority	Payer	Last Name	First Name	Subscriber	Card
	Pending	Normal	Health Plan	TestPatient1	Declan	EXLTST001	

A black arrow labeled '5.' points to the 'Detail' button located to the left of the first row of the search results table.



## Clear Coverage™

### CPaP/BiPaP Extension of Initial Authorization Entry Tips

6. Proceed directly to **Accordion 6** and type in a note: *"Request for extension of CPaP/BiPap rental"* . Include clinical updates describing improvement and the need for additional rental.
7. Attach Smart Card to demonstrate compliance and improvement in AHI symptoms.
8. Click the **"Add Notes/Attachments"** button.
9. Click **"Save"**.
10. Request will pend to the Health Plan for a medical necessity review.

The screenshot shows the 'Authorization Request' form with a sidebar on the left containing a list of sections: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. Section 6 is highlighted with a red box. A large text area for 'Additional Notes' contains the text: "Request for extension of CPaP/BiPap rental".... Enter additional clinical updates HERE, Attach Smart Card documents below (6-8). A 'Browse' button is located below the text area. To the right of the main form is a summary panel titled 'Authorization Request' showing patient details (TestPatient, EXLTST001, 12/18/1972, Health Plan), a 'Complete' status for 'Requesting Information', a 'Selected' status for 'Diagnosis' (717.0 OLD BUCKET HANDLE TEAR OF MEDIAL ME...), and 'Service 1' details (Physical Therapy, Expires: Pt re-evaluation, Product: Custom, Coverage: Prior Approval, Auth Dates: 01/13/2015 - 01/13/2016, Primary ICD-9: 717.0, NDC: Initial or Subsequent Visit: IN - Initial). At the bottom of the form are buttons for 'Save & Print', 'Add Note / Attachments', 'Save', and 'Close'. Numbered arrows indicate the following steps: Arrow 6 points to the 'Additional Notes' section in the sidebar. Arrow 7 points to the 'Browse' button. Arrow 8 points to the 'Add Note / Attachments' button. Arrow 9 points to the 'Save' button.

Authorization Request

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis  
4. Service  
5. Service Information  
6. Additional Notes

Additional Notes:

"Request for extension of CPaP/BiPap rental"....

Enter additional clinical updates HERE,  
Attach Smart Card documents below (6-8).

Attachments (0):

**Authorization Request**

Eligibility Check: ✔ Eligible

**Patient Information**

Patient: TestPatient  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan:  
Product:

**Requesting Information** ✔ Complete

Date of Service: 01/13/2015  
Facility: Sample Practice  
Clinician:  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✔ Selected

Diagnosis	Description
717.0	OLD BUCKET HANDLE TEAR OF MEDIAL ME...

**Service 1** Status: ⌚ Auth Pending

Physical Therapy

Expires:  
Description: **Pt re-evaluation**  
Product: Custom  
Coverage: Prior Approval  
Auth Dates: 01/13/2015 - 01/13/2016  
Primary ICD-9: 717.0  
NDC:  
Initial or Subsequent Visit: IN - Initial



# Clear Coverage™

## Hip and Knee Replacement Surgery Authorization Entry Tips

**Commercial and Medicare Contracts:** will auto approve if criteria is met.

**FEP Contracts:** review tool MUST be completed to provide clinical information to the Health Plan. All FEP requests will pend until this information is reviewed.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request Entry Box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot displays the 'Authorization Request' window. On the left, the 'Patient Search' section shows fields for First Name, MI, Last Name, DOB, and Gender. Below these is the 'Pay Type' section with a 'Select Pay Type' button. A large black arrow points to this button. To the right of the 'Pay Type' section are links for 'Past Coverage' and 'Future Coverage'. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' A black arrow points from this red box to the 'Past Coverage' link. On the far right, a white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' A black arrow points from this box to the 'Future Coverage' link. The bottom of the window features a 'Save & Print' button and a 'Modify Request' dropdown menu, along with 'Submit', 'Save', and 'Close' buttons.

## Hip and Knee Replacement Surgery Authorization Entry Tips

**Note: If the patient has dual coverage with the Health Plan, separate authorizations will need to be entered for each active policy.**

**The request for the second contract will always pend.**

Click "Select" for the correct coverage and correct effective dates.

[illegible]

Click "Add to Request" to continue.

Authorization Request

Patient Search

1. Patient Information

First Name: Declan MI: Last Name: TestPatient1  
DOB: 12/18/1972 Gender: Male  
  
Pay Type Select Pay Type [Past Coverage](#) | [Future Coverage](#)  
  
Payer: Health Plan ✓  
Designated Processor:  
Subscriber: EXLST001  
Card ID:  
Effective Date: 01/01/2013  
Expiration Date: 12/31/2199  
Member ID: 00  
Relationship to Subscriber: Self  
Plan: 00011001 - EHP-Medicare  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 005000730001M004 - F...stem-Rochester General  

Add to Request

Authorization Request

Patient Information

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Hip and Knee Replacement Surgery Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active, displaying fields for 'Date of Service' (MM/DD/YYYY), 'Facility Name', 'Requesting Clinician', 'Primary Specialty', and 'Requesting Clinician NPI'. A 'Select Other Clinician' link is visible next to the 'Requesting Clinician' field. The 'Add to Request' button is at the bottom right. The right sidebar shows 'Patient Information' with details for 'TestPatient1, Declan' and an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is similar to the previous one, but the 'Requesting Clinician' dropdown menu is set to '--select--'. A large black arrow points from the right towards the 'Select Other Clinician' link, indicating where the user should click to search for a clinician. The rest of the form and the right sidebar are identical to the previous screenshot.

## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the "Use Selected" button(4).

The screenshot shows a "Provider Search" window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text), In Plan (dropdown), Search, and Clear buttons.
- Results Table:**

	Provider Name	NPI	Primary Specialty	Network
<input checked="" type="radio"/>	LOCKWOOD, RICHARD	1922088871	Internal Medicine	In Plan
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
- Footer:** A checkbox labeled "Add Selected to Preferred Clinicians / Organizations List" (checked), a "Use Selected" button, and a "Cancel" button.

Numbered callouts indicate the steps:

1. Points to the search fields.
2. Points to the "Add Selected to Preferred Clinicians / Organizations List" checkbox.
3. Points to the radio button in the first row of the results table.
4. Points to the "Use Selected" button.

## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The '1. Patient Information' section is active, showing patient details like 'TestPatient1, Declan' and 'EXLTST001'. The '2. Requesting Information' section is also active, showing 'Date of Service: 08/31/2015', 'Facility Name', 'Requesting Clinician', 'Primary Specialty: Internal Medicine', and 'Requesting Clinician NPI: 1033181755'. A dropdown menu is open for the 'Address' field, showing two options: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2' and 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. A red callout box points to the first address with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the 'Sequence: 2' text with the text 'Select "Sequence: 2"'. The right sidebar shows a summary of the patient information and a status of 'Eligible'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name:

Requesting Clinician:

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hospital

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

## Clear Coverage™

# Hip and Knee Replacement Surgery Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' is empty. The 'Requesting Clinician' is empty, with a 'Select Other Clinician' link. The 'Primary Specialty' is 'Internal Medicine'. The 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. On the right side, the 'Authorization Request' panel shows 'Patient Information' with fields for Patient (TestPatient1, Declan), Subscriber ID (EXLTST001), Card ID, DOB (12/18/1972), Payer (Health Plan), Plan (00011001), and Product (00102004 - HMO-Medicare Blue Ch). The 'Eligibility Check' is 'Eligible'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

## Hip and Knee Replacement Surgery Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

**Authorization Request**

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis

ICD-9 Lookup: 338 Enter Diagnosis Code Clear

ICD-9	Description	Billable	
338	PAIN, NOT ELSEWHERE CLASSIFIED		
338.0	CENTRAL PAIN SYNDROME		<a href="#">Add To Request</a>
338.1	ACUTE PAIN		
338.11	ACUTE PAIN DUE TO TRAUMA		<a href="#">Add To Request</a>
338.12	ACUTE POST-THORACOTOMY PAIN		<a href="#">Add To Request</a>
338.18	OTHER ACUTE POSTOPERATIVE PAIN		<a href="#">Add To Request</a>
338.19	OTHER ACUTE PAIN		<a href="#">Add To Request</a>
338.2	CHRONIC PAIN		
338.21	CHRONIC PAIN DUE TO TRAUMA		<a href="#">Add To Request</a>
338.22	CHRONIC POST-THORACOTOMY PAIN		<a href="#">Add To Request</a>
338.28	OTHER CHRONIC POSTOPERATIVE PAIN		<a href="#">Add To Request</a>
338.29	OTHER CHRONIC PAIN		<a href="#">Add To Request</a>
338.3	NEOPLASM RELATED PAIN (ACUTE) (CHRONIC)		<a href="#">Add To Request</a>
338.4	CHRONIC PAIN SYNDROME		<a href="#">Add To Request</a>

**2.**

**NEXT** Next >>

**Authorization Request**

**Patient Information** Eligibility Check: Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan: 00011001 - EHP-Medicare  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 00500073000114004 - Rochester General Hos

**Requesting Information**  Complete

Date of Service: 08/31/2015  
Facility: Sampl  
Clinician: LOCKWOOD, RICHARD, MD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis**

**Additional Notes**

**4. Service**  
**5. Service Information**  
**6. Additional Notes**

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Accordion 4: Services

Enter CPT code(s)

- Click the “Add to Request” button, then click “Next” once all codes have been added.

[illegible]



# Clear Coverage™

## Hip and Knee Replacement Surgery Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service

The screenshot displays the 'Authorization Request' form. The left sidebar shows a navigation menu with five accordions: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. Accordion 5 is expanded, showing the 'Total Joint Replacement (TJR), Hip' section. The form fields are as follows:

- Priority:** Normal (dropdown menu)
- Diagnosis:** 338.29 (dropdown menu)
- Service Facility:** Change (button)
- Medical Review:** Required to Submit (button)
- NDC:** (empty field)
- Modifiers:** Modifiers (button)
- CPT:** --select-- (button)
- Details:** Details (button)

The right sidebar shows a summary of the request:

- Patient Information:** Eligibility Check: Eligible. Patient: TestPatient1, Declan. Subscriber ID: EXLTST001. Card ID: (empty). DOB: 12/18/1972. Payer: Health Plan. Plan: 00011001 - EHP-Medicare. Product: 00102004 - HMO-Medicare Blue Ch. Group: 005000730001M004 - Rochester General Health System.
- Requesting Information:** Complete. Date of Service: 08/31/2015. Facility: Sample. Clinician: LOCKWOOD, RICHARD, MD. Clinician NPI: 1922088871. View Clinician Details (link).
- Diagnosis:** Selected. Diagnosis: 338.29. Description: OTHER CHRONIC PAIN.
- Service 1:** Description: Total Joint Replacement (TJR), Hip. Product: 14.0 Procedures. Coverage: Prior Approval. Auth Dates: (empty). Primary ICD-9: 338.29. NDC: (empty). Left or Right or Bilateral: (empty). Medical Review: Required to Submit.

At the bottom of the form, there is a 'Next >>' button and a 'Save & Print' dropdown menu. The bottom right corner has buttons for 'Modify Request', 'Submit', 'Save', and 'Close'.


## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate facility is not found, switch to "All" (when "All" is selected, request will pend even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search window. At the top, there are input fields for 'Name' and 'NPI', a dropdown menu for 'In-Plan' (with options: All, In-Network, In-Plan, Preferred Providers), and a 'Search' button. A large black arrow labeled '1.' points to the 'Name' field. Another large black arrow labeled '2.' points to the 'In-Plan' dropdown menu. A third large black arrow labeled '3.' points to the 'Search' button. Below the search bar is a table with columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate facility.

**IMPORTANT NOTE:** When selecting the facility, ensure that the facility chosen has this symbol:  to the left of the Service Facility Name.

This screenshot shows the same search window but with search results displayed. The table has columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The first row of results is highlighted in green and contains a blue 'I' icon in the 'Preferred' column, a checkmark in the 'Service Facility Name' column, and the text 'Facility/Provider information appears here'. A large black arrow points from the 'I' icon in the text above to this icon in the table. Another large black arrow points to the 'select' button in the 'Preferred' column of the first row. The 'Search' button is highlighted in yellow.

## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

**5. Service Information**

Total Joint Replacement (TJR), Hip

Priority: **Normal** ▼

Diagnosis: **338.29** ▼

Service Facility: **Facility name**

Medical Review: **Required to Submit** ! NDC: Modifiers: ! CPT: --select-- Details: Details

**If criteria met:** Click “Finish.” (skip to page 12).

**Medical Review**

Patient: TestPatient1, Declan

**Total Joint Replacement (TJR), Hip**

InterQual®  
Version: RM14.0

Medical Review | Recommended Paths | Clinical Revisions

Overview | Q1 | Q2 | Q3 | Q4 | Q5 | **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Total Joint Replacement (TJR), Hip as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Total Joint Replacement (TJR), Hip

Question Source: Total Joint Replacement (TJR), Hip ... Last Updated: 03/31/2014 Last Literature Review: 06/30/2013

**View Printable Summary** **Finish**

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

## Hip and Knee Replacement Surgery Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Total Joint Replacement” (or appropriate requested item) if you wish the request to pend to the Health Plan for review (1). Click “Finish.”

Medical Review

Patient: TestPatient1, Declan

### Total Joint Replacement (TJR), Hip

InterQual®  
Version: RM14.0

Medical Review | Recommended Paths | Clinical Revisions

Overview | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Results: Criteria Not Met

**Result: Criteria Not Met**

Current evidence does not support procedure in this clinical scenario

**Recommended Actions:**

**Remove the following test(s):**

- ☒ Total Joint Replacement (TJR), Hip

Defaults to remove the test. Provider must unselect.

**Alternative Action(s):**

- ☐ Continue with Total Joint Replacement (TJR), Hip

Note: Proceeding with this test may require review by the payer.

Question Source: Total Joint Replacement (TJR), Hip ... Last Updated: 03/31/2014 Last Literature Review: 06/30/2013

[View Printable Summary](#) [< Back](#) [Finish](#)

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

Comments

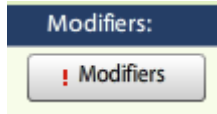
Close

## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

#### Modifiers:

Click the "Modifiers" button

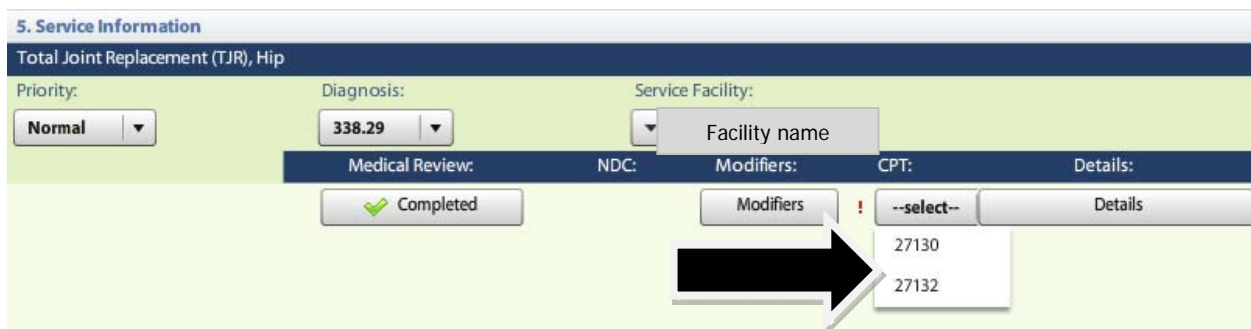


Select the correct side (right, left or bilateral), then click "OK"



#### CPT:

Ensure the correct CPT code is populated:



## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

Details section:

5. Service Information

Total Joint Replacement (TJR), Hip

Priority: **Normal** | Diagnosis: **338.29** | Service Facility: **Facility name**

Medical Review: **Completed** | NDC: | Modifiers: | CPT: | Details: **Details**

**DETAILS**

Must select: (1) Place of Service, then click the "OK" button (2).

Details for Total Joint Replacement (TJR), Hip

Place of Service: \* **21 - Inpatient Hospital**

Referral Provider: **--select--**

Referral Number:

Requested Number Of Units:

Requested Unit Type: **--select--**

Frequency:

Frequency Type: **--select--**

Duration:

Duration Type: **--select--**

**OK** **Cancel**

**1.**

**2.**

# Clear Coverage™

## Hip and Knee Replacement Surgery Authorization Entry Tips

Click "Next."

The screenshot shows the 'Authorization Request' form for 'Total Joint Replacement (TJR), Hip'. The form is divided into several sections: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The 'Service Information' section is currently active, showing details for 'Total Joint Replacement (TJR), Hip'. A large black arrow points to the 'Next>>' button at the bottom right of the form.

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Total Joint Replacement (TJR), Hip

Priority: Normal

Diagnosis: 338.29

Service Facility: Facility name

Medical Review: Completed

NDC: Modifiers: 27130

CPT: Details

6. Additional Notes

**Authorization Request**

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information** Complete

Date of Service: 08/31/2015

Facility: Sample

Clinician: LOCKWOOD, RICHARD, MD

Clinician NPI: 1922088871

[View Clinician Details](#)

**Diagnosis** Selected

Diagnosis	Description
338.29	OTHER CHRONIC PAIN

**Service 1**

Description: Total Joint Replacement (TJR), Hip

Product: 14.0 Procedures

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 338.29

NDC:

Left or Right or Bilateral: LT - Left

Medical Review: Completed

Result: Criteria Not Met

Version: RM14.0

Service Provider:

Facility Type: Hospital

[View Facility Details](#)

Next>>

Save & Print

Modify Request

Submit

Save

Close

## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

#### Accordion 6: Additional Notes

If criteria was not met, or if this is an FEP contract, enter additional information and/or attach a note with supporting medical documentation (1). Click on “Add Note/Attachment” (2). Click “Submit” (3).

A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form. On the left, a sidebar lists steps: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. Step 6 is selected. The main area for 'Additional Notes' contains a text box with instructions: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.' Below the text box is an 'Attachments (0):' section with a 'Browse' button. At the bottom of the form, there are three numbered arrows: '1.' points to the 'Browse' button, '2.' points to the 'Add Note / Attachments' button, and '3.' points to the 'Submit' button. The right-hand pane shows details for the authorization request, including Payer (Health Plan), Plan (00011001 - EHP-Medicare), Product (00102004 - HMO-Medicare Blue Ch), and a table for 'Diagnosis' with one entry: 338.29 OTHER CHRONIC PAIN. The 'Service 1' section shows 'Description: Total Joint Replacement (TJR), Hip' and 'Medical Review: Completed'. The bottom of the right pane shows 'Service Provider: Hospital' and 'Facility Type: Hospital'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

\* Additional Notes:

Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0):

1.

2.

3.

Authorization Request

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

Requesting Information Complete

Date of Service: 08/31/2015

Facility: Sample

Clinician: LOCKWOOD, RICHARD, MD

Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis Selected

Diagnosis	Description
338.29	OTHER CHRONIC PAIN

Service 1

Description: Total Joint Replacement (TJR), Hip

Product: 14.0 Procedures

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 338.29

NDC:

Left or Right or Bilateral: LT - Left

Medical Review: Completed

Result: Criteria Not Met

Version: RM14.0

Service Provider:

Facility Type: Hospital

[View Facility Details](#)

Save & Print

Submit Save Close



## Clear Coverage™

### Hip and Knee Replacement Surgery Authorization Entry Tips

Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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

The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #. If approved, there will be 2 authorization numbers. One is for the professional and one is for the inpatient stay.
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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

Group	Service	Reference #	Payer Authorization#	Request Status	Expires	LOS
	Total Joint Replacement (TJR), Hip	151660800014	MC0013279	✓ Auto Author	09/14/2015	---
	Inpatient Authorization	151661100006	MC0013280	✓ Authorized	---	14 Days

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

Would you like to create another Authorization Request?

☒ Include Requesting Information  
☒ Include Diagnoses

# Clear Coverage™

## Home Care Authorization Entry Tips

**Commercial & Medicare Contracts:** Initial requests for up to 20 visits for home care may receive an automatic approval. Subsequent visits and visits requested beyond 20 will pend for review.

**Diagnosis Codes:** Enter the primary diagnosis code first.

**CPT codes:** Use **T1001** for all Home Care authorizations with the following EXCEPTIONS: personal care services and private duty nursing. Requests for personal care services and private duty nursing may be requested but will always pend and also require that additional information is attached in accordion six.

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form with the 'Patient Information' accordion expanded. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Two blue arrows point from this red box to the 'Past Coverage' and 'Future Coverage' links. A white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The form includes fields for Patient Information (First Name, MI, Last Name, DOB, Gender), Pay Type (Select Pay Type), Payer (Health), Designated Processor, Subscriber (Card ID, Effective Date, Expiration Date, Member ID, Relationship to Subscriber), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. The right sidebar contains sections for Patient Information, Requesting Information, Diagnosis, and Additional Notes. The bottom of the form has buttons for Save & Print, Modify Request, Submit, Save, and Close.

# Clear Coverage™

## Home Care Authorization Entry Tips

**Note: If the patient has dual coverage with the Health Plan, separate authorizations will need to be entered for each active policy.**

**The request for the second contract will always pend.**

Click "Select" for the correct coverage and correct effective dates.

[illegible]

Click "Add to Request" to continue.

**Authorization Request**

Patient Search

### 1. Patient Information

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

Pay Type: **Select Pay Type** [Past Coverage](#) | [Future Coverage](#)

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXLTST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Rochester General Health System-Rochester General**

**Add to Request**

### 2. Requesting Information

### 3. Diagnosis

### 4. Service

### 5. Service Information

### 6. Additional Notes

Save & Print

Modify Request Submit Save Close

# Clear Coverage™

## Home Care Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active, displaying fields for 'Date of Service' (MM/DD/YYYY), 'Facility Name' (Sample), 'Requesting Clinician' (dropdown), 'Primary Specialty' (dropdown), and 'Requesting Clinician NPI' (dropdown). A 'Select Other Clinician' link is visible. The 'Add to Request' button is at the bottom right. The right sidebar shows 'Patient Information' with details for TestPatient1, Declan, including Subscriber ID, Card ID, DOB, Payer (Health Plan), and Group (005000730001M004). It also shows an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link in the 'Requesting Information' section. The 'Requesting Clinician' dropdown menu is currently set to '--select--'.

## Clear Coverage™ Home Care Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains the text: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, In Plan.
- Callout 1:** Points to the ID Type dropdown menu.
- Callout 2:** Points to the checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List'.
- Callout 3:** Points to the radio button next to the first row in the table.
- Callout 4:** Points to the 'Use Selected' button.

# Clear Coverage™

## Home Care Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open for the address field, showing two options: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2' and 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. A red callout box points to the first address with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the 'Sequence: 2' text with the text 'Select "Sequence: 2"'. The right pane shows 'Patient Information' (Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID; DOB: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Ho) and 'Eligibility Check' (Eligible). The bottom of the form has tabs for '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. The bottom right has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Home Care Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine', and the 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. The right side of the screen shows a summary of the patient information, including 'Patient: TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID:', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', and 'Product: 00102004 - HMO-Medicare Blue Ch'. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Home Care Authorization Entry Tips

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

The screenshot shows the 'Authorization Request' application interface. The interface is divided into several sections:

- Top Navigation Bar:** Contains the title 'Authorization Request' and a close button (X).
- Left Sidebar:** Contains a 'Patient Search' button and a list of navigation tabs:
  1. Patient Information
  2. Requesting Information
  3. Diagnosis
  4. Service
  5. Service Information
  6. Additional Notes
- Main Content Area:**
  - ICD-9 Lookup:** A text input field containing '428.0'.
  - Table:** A table with columns: ICD-9, Description, and Bilable. The first row shows '428.0' and 'CONGESTIVE HEART FAILURE, UNSPECIFIED'. An 'Add to Request' button is visible next to the first row.
  - Next >> Button:** A button at the bottom right of the table area.
- Right Panel:**
  - Authorization Request Header:** Includes 'Patient Information' and 'Eligibility Check' (green checkmark, 'Eligible').
  - Patient Information Section:** Displays fields for Patient (TestPatient1, Declan), Subscriber ID (EXLTST001), Card ID (EXLTST001), DOB (12/18/1972), Payer (Health Plan), and Group (005000730001M004). Each field has a 'View Member Details' link.
  - Requesting Information Section:** Displays fields for Date of Service (03/20/2014), Facility (Sample), Clinician (LOCKWOOD, RICHARD), and Clinician NPI (1922088871). Each field has a 'View Clinician Details' link.
  - Diagnosis Section:** A large empty text area.
  - Additional Notes Section:** A large empty text area.

Numbered callouts (1-6) are overlaid on the image, pointing to specific elements: 1 points to the 'Patient Search' button, 2 points to the 'ICD-9' column header, 3 points to the 'Description' column header, 4 points to the 'Bilable' column header, 5 points to the 'Add to Request' button, and 6 points to the 'Next >>' button.



# Clear Coverage™

Enter procedure code only: **T1001**. All home care codes are included within this code (service group) with the exception of private duty nursing and personal care.

- If the authorization is entered for private duty nursing codes or personal care services codes, it will pend and clinical information **must be** submitted to the Health Plan in a note (accordion 6). Each of these codes must be submitted on separate authorization requests.
- Click the “Add to Request” button, then click “Next”.

[illegible]

# Clear Coverage™

## Home Care Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service (or provider/vendor)

The screenshot displays the 'Authorization Request' form. The main window has a sidebar with tabs: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information (selected). The main content area shows the 'Service Information' section with fields for Priority (Normal), Diagnosis (428.0), and Service Facility (Change). Below these are fields for Medical Review (Not Available), NDC, Modifier (T1001), CPT, and Details. A 'Next >>' button is at the bottom right. A right-hand pane shows a summary of the request with sections: Patient Information (Eligible), Requesting Information (Complete), Diagnosis (Selected), and Service 1 (MSD, Description: Nursing assessment/evaluatn, Product, Coverage: Prior Approval, Auth Dates, Primary ICD-9: 428.0, NDC, Initial or Subsequent Visit, Medical Review: Not Available, Result). At the bottom of the main window are buttons for Save & Print, Modify Request, Submit, Save, and Close.

Priority:	Diagnosis:	Service Facility:
Normal	428.0	Change

Medical Review:	NDC:	Modifier:	CPT:	Details:
Not Available		T1001		

Next >>

6. Additional Notes

Save & Print

Modify Request Submit Save Close

# Clear Coverage™

## Home Care Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number of your home care agency (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search interface. At the top, there are input fields for 'Name' and 'NPI', a dropdown menu for 'In-Plan', and a 'Search' button. A large double-headed arrow labeled '1.' points to the 'Name' and 'NPI' fields. A dropdown menu is open, showing options: 'In-Plan', 'All', 'In-Network', 'In-Plan', and 'Preferred Providers'. An arrow labeled '2.' points to the 'In-Plan' option. An arrow labeled '3.' points to the 'Search' button. Below the search fields is a table with columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

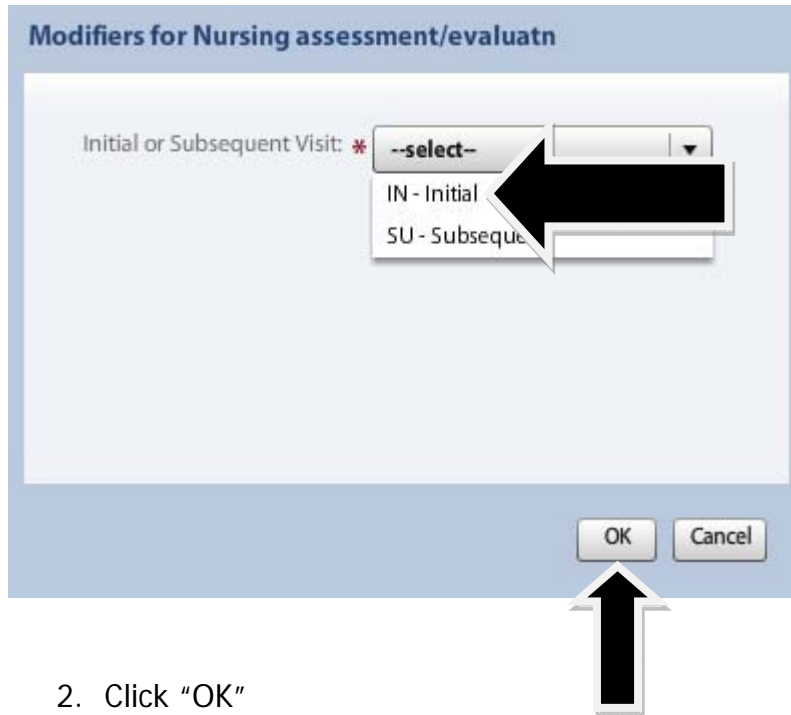
The screenshot shows the 'Service Facilities Available' search interface with search results. The 'Name' field contains 'ebi', the 'Facility Type' dropdown is set to 'In-Plan', and the 'NPI' field contains '1366423220'. The 'Search' button is highlighted. Below the search fields is a table with columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table has one row with a 'select' button in the first column and a checkbox in the second column. A large arrow points to the 'select' button. The text 'Facility/Provider info appears here' is displayed in the first row of the table.

# Clear Coverage™

## Home Care Authorization Entry Tips

### Modifiers for Home Care:

1. Select "Initial"



2. Click "OK"

Note: If an original authorization already exists in Clear Coverage™ and you wish to request additional visits for that same authorization, locate the authorization, see page 16-17 of this document for instructions.

## Clear Coverage™

### Home Care Authorization Entry Tips

**Details section:** Must select: (1) Place of Service. (2) Number of Units (visits) and Requested Unit Type. **“Initial” authorizations may include 1-20 visits. Any number over 20 will result in a pended authorization.** When completed, click the “OK” button (3).

The screenshot shows a form titled "Details for Nursing assessment/evaluation". It contains several fields with asterisks indicating required information:

- Place of Service:** A dropdown menu with "12 - Home" selected. A large black arrow labeled "1." points to this field.
- Referral Provider:** A dropdown menu with "--select--" selected.
- Referral Number:** A text input field.
- Requested Number Of Units:** A text input field.
- Requested Unit Type:** A dropdown menu with "--select--" selected. A black arrow labeled "2." points to this field.
- Frequency:** A dropdown menu with "Visits" selected.
- Frequency Type:** A dropdown menu with "--select--" selected.
- Duration:** A text input field.
- Duration Type:** A dropdown menu with "--select--" selected.

At the bottom right of the form are two buttons: "OK" and "Cancel". A large black arrow labeled "3." points to the "OK" button.

# Clear Coverage™

## Home Care Authorization Entry Tips

Once all of the Service information has been added, click the “Next” button.

The screenshot shows the 'Authorization Request' form. The left pane displays the '5. Service Information' section with a table containing one row: 'Nursing assessment/evaluatn' with a priority of 'Normal' and a diagnosis of '428.0'. The right pane shows a summary of the request, including patient information, requesting information, and diagnosis details. A large white arrow labeled 'NEXT' points to the 'Next >>' button at the bottom right of the form.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

Priority:	Diagnosis:	Service Facility:
Normal	428.0	Facility/Provider

Medical Review:	NDC:	Modifier:	CPT:	Details:
Not Available		Modifiers	T1001	Details

**6. Additional Notes**

**Authorization Request Summary**

**Patient Information** Eligibility Check: ✔ Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan ✔ [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** ✔ Complete

Date of Service: 03/20/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 192208871 [View Clinician Details](#)

**Diagnosis** ✔ Selected

Diagnosis	Description
428.0	CONGESTIVE HEART FAILURE, UNSPECIFIED

**Service 1**

MSD

Description: Nursing assessment/evaluatn  
Product:  
Coverage: Instant Authorization  
Auth Dates:  
Primary ICD-9: 428.0  
NDC:  
Initial or Subsequent Visit: IN - Initial  
Requested Units/Type: 20 / Visits  
Medical Review: Not Available

**Next >>**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## Home Care Authorization Entry Tips

### Accordian 6: Additional Notes

If needed, additional clinical information can be added in this section and documents can be attached (1). A note must be added in order to attach a document.

***\*A note is required for ALL subsequent visit (additional visit) requests, visit requests beyond 20 and for requests for personal care services and private duty nursing.***

The screenshot shows the 'Patient Search' interface with a sidebar on the left containing a list of steps: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The main area is titled 'Additional Notes' and contains a text input field. Below the text field is a 'Browse' button next to the label 'Attachments (0)'. A callout '1.' with an arrow points to the 'Browse' button. To the right of the text field is an 'Add Note / Attachments' button. A callout '2.' with an arrow points to this button. At the bottom of the interface are 'Save & Print', 'Submit', 'Save', and 'Close' buttons. A callout '3.' with an arrow points to the 'Submit' button. On the right side of the interface, there is a 'Patient Information' section with fields for Patient (Testpatient), Subscriber ID (SUBSCRIBER), Card ID, DOB (01/01/1970), Payer (Health Plan), and Group (GROUP). Below this is a 'Requesting Information' section with fields for Date of Service (03/17/2014), Facility (Sample), Clinician (LOCKWOOD, RICHARD), and Clinician NPI (1922088871). Below that is a 'Diagnosis' section with a table showing a diagnosis code 717.0 and description 'OLD BUCKET HANDLE TEAR OF MEDIAL MEN'. Below the diagnosis is a 'Service 1' section with fields for Description (Pt re-evaluation), Product, and Coverage (Prior Approval).

Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up menu will appear to explain what additional items need to be completed in order to submit the authorization request.

1. Attachments (0) Browse

2. Add Note / Attachments

3. Submit Save Close

## Clear Coverage™ Home Care Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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




The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

The following requests have been submitted. They now be access to the search screen

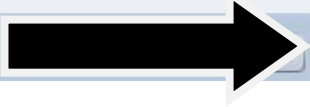
Group	Service	Reference #	Payer Authorization#	Request Status	Expires
MSD	Nursing assessment/evaluati	140780800001	MC0000302	✓ Auto Author	03/20/2015

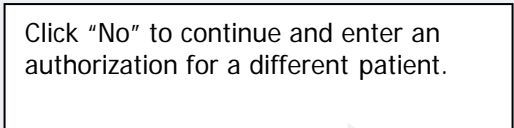
[View Request \(PDF\) >>](#) 

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses







## Clear Coverage™

### Home Care Authorization Entry Tips

When an initial authorization has already been entered in Clear Coverage™, DO NOT create a new authorization. Follow these steps:

1. Locate the authorization by patient name and/or reference number.
2. Click the “Detail” button to re-open the authorization.


Authorization Search

Patient Last Name	Patient First Name
Testpatient1	Declan

1.

Date Created	Status	Payer	Subscriber/Card	Requesting Clinician	Reference Type	Reference Number
Last 7 Days	Authorized				All	

Search Results: Authorization Requests

	Date Created	Reference #	Payer Assigned #	Status	Priority	Payer	Last Name	First Name
 Detail		12	MC0000250	✓ Authorized	Normal	Health Plan	TestPatient1	Declan

2.

# Clear Coverage™

## Home Care Authorization Entry Tips

3. Proceed directly to accordion 6 and type in a note: "Request for xx additional visits" and include clinical updates describing the need for additional visits.
4. Attach documents, if appropriate.
5. Click the "Add Notes/Attachments" button.
6. Click "Save".

The screenshot shows the 'Authorization Request' form. On the left, a vertical list of tabs includes '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. The '6. Additional Notes' tab is active, showing a text area with the text 'Request for 10 additional skilled nursing visits' and 'Add clinical update information here or attach records below'. An arrow labeled '3.' points to this text area. Below the text area is an 'Attachments (0):' section with a 'Browse' button. An arrow labeled '4.' points to the 'Browse' button. At the bottom of the text area is an 'Add Note / Attachments' button. An arrow labeled '5.' points to this button. On the right side of the form, there is a summary panel with sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Service 1'. An arrow labeled '6.' points to the 'Service 1' section, which shows 'Status: Auto Authorized' and 'Expires: 03/20/2015'. The bottom of the form has a 'Save & Print' button on the left and 'Modify Request', 'Submit', 'Save', and 'Close' buttons on the right.

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

- Requests for hysterectomies will auto approve for all lines of business if the required criteria is met.
- **Cancer Diagnosis** (when the diagnosis of cancer is directly related to the hysterectomy):

**Outpatient**-no review is required

**Inpatient**-an authorization must be entered into Clear Coverage™, however no criteria review is required.

NOTE: If the request pends, you are required to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

NOTE: In the rare case that a hysterectomy is requested for a male patient, you will be required to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

Authorization Request

Patient Search

1. Patient Information

First Name: [ ] MI: A Last Name: [ ]

DOB: [ ] Gender: Male

Pay Type: Select Pay Type

Payer: He

Designated Processor: [ ]

Subscriber: [ ]

Card ID: [ ]

Effective Date: 05/31/2016

Member ID: 00

Relationship to Subscriber: Self

Plan: 00011000 - EHP-Commercial

Product: 00632001

Group: [ ]

Past Coverage | Future Coverage

If the member has future coverage (change in policy), the "Future Coverage" link will be active.

The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print | Modify Request | Submit | Save | Close

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

**Authorization Request**

Patient Search

### 1. Patient Information

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

Pay Type: **Select Pay Type** [Past Coverage](#) | [Future Coverage](#)

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXTLST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Rochester General Health System-Rochester General**

**Add to Request**

### 2. Requesting Information

### 3. Diagnosis

### 4. Service

### 5. Service Information

### 6. Additional Notes

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. On the left, under '2. Requesting Information', the 'Facility Name' dropdown is set to 'Sample Practice'. A large black arrow points to this dropdown. Below it, 'Requesting Clinician' is set to '--select--' and 'Primary Specialty' is also set to '--select--'. The 'Date of Service' is set to '07/21/2014'. On the right, a summary panel shows patient information: Patient: TestPatient5, Skylar; Subscriber ID: EXLTST005; Card ID: 12/18/1976; Payer: Health Plan; Plan: 00011004 - EHP-Child Health Plu; Product: 00302004 - HMO-Child Health Plu. The 'Eligibility Check' is marked as 'Eligible'. At the bottom of the main form are tabs for '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. Buttons for 'Save & Print', 'Add to Request', 'Modify Request', 'Submit', 'Cancel', and 'Close' are visible.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the one above, but the large black arrow points to the 'Select Other Clinician' link located next to the 'Requesting Clinician' dropdown. The 'Facility Name' dropdown is still set to 'Sample Practice'.

## Clear Coverage™ Hysterectomy Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains the text: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, In Plan.
- Callout 1:** Points to the ID Type dropdown menu.
- Callout 2:** Points to the checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List'.
- Callout 3:** Points to the radio button next to the first row in the table.
- Callout 4:** Points to the 'Use Selected' button.

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The 'Clinician Location' dropdown menu is open, displaying two addresses. A red callout box with the text 'Ensure that both the address and facets number are correct' points to the dropdown. A white callout box with the text 'Select "Sequence: 2"' points to the first address in the dropdown list.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: Sample f

Requesting Clinician: [Dropdown]

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: [Dropdown]

**Ensure that both the address and facets number are correct**

**Select "Sequence: 2"**

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

**Authorization Request**

**Patient Information** Eligibility Check: Eligible

Patient: TestPatient5, Skylar

Subscriber ID: EXLTST005

Card ID:

DOB: 12/18/1976

Payer: Health Plan

Plan: 00011004 - EHP-Child Health Plu

Product: 00302004 - HMO-Child Health Plu

Group: 0007507500320322 - Safety Net Child Health

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot shows a web application titled "Authorization Request" with a sidebar on the left and a main content area on the right. The sidebar contains a "Patient Search" button and a list of tabs: "1. Patient Information", "2. Requesting Information", "3. Diagnosis", "4. Service", "5. Service Information", and "6. Additional Notes". The main content area is divided into two sections. The top section, "1. Patient Information", contains fields for "Date of Service" (08/31/2015), "Facility Name" (dropdown), "Requesting Clinician" (dropdown), "Primary Specialty" (Internal Medicine), "Requesting Clinician NPI" (1033181755), and "Clinician Location" (1185 Sweethome Rd). A large black arrow points from the "Add to Request" button to the right. The bottom section, "2. Requesting Information", is empty. The right sidebar contains a "Patient Information" section with a "Eligibility Check" status of "Eligible". Below this are fields for "Patient" (TestPatient5, Skylar), "Subscriber ID" (EXLTST005), "Card ID", "DOB" (12/18/1976), "Payer" (Health Plan), "Plan" (00011004 - EHP-Child Health Plu), "Product" (00302004 - HMO-Child Health Plu), and "Group" (000750750020022 - Safety Net Child Health). Below these are sections for "Requesting Information", "Diagnosis", and "Additional Notes". At the bottom of the sidebar are buttons for "Save & Print", "Modify Request", "Submit", "Save", and "Close".





# Clear Coverage™

## Hysterectomy Authorization Entry Tips

### Accordion 4: Services

Enter CPT code.

NOTE: There are often multiple procedures that populate with each service code; please ensure that the correct procedure is chosen. Read each question and potential answer carefully and choose the answer that meets the criteria for the service requested.

- Click the “Add to Request” button, then click “Next.”

Authorization Request

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis  
4. Service

Service Lookup:

58150

Show service specific to selected diagnoses only

Search Results: services 1

Service	Product	CPT*	Coverage	
Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy + BSO for Endometriosis	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for CIN 2.3 or CIN 3 or Endometrial hyperplasia (premenopausal)	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy + BSO for Endometrial hyperplasia (postmenopausal)	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for Endocervical adenocarcinoma in situ	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for Pelvic inflammatory disease (PID) or Tubo-ovarian abscess	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy + BSO for Ovarian or Tubal cancer	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for Chronic abdominal or pelvic pain	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for Postpartum bleeding	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy +/- BSO for Adenomyosis or Fibroids	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy + BSO for Endometrial cancer	14.1 Procedures	58150...	Prior Approval	Add to Request
Hysterectomy + BSO for Lynch II syndrome	14.1 Procedures	58150...	Prior Approval	Add to Request

5. Service Information  
6. Additional Notes

Save & Print

Modify Request Submit Save Close

Authorization Request

Patient Information Eligibility Check: ✔ Eligible

Patient: TestPatient5, Skylar  
Subscriber ID: EXLTST005  
Card ID:  
DOB: 12/18/1976  
Payer: Health Plan  
Plan: 00011004 - EHP-Child Health Plu  
Product: 00302004 - HMO-Child Health Plu  
Group: 0002507500320323 - Safety Net Child Health

Requesting Information ✔ Complete

Date of Service: 07/21/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 192208871 [View Clinician Details](#)

Diagnosis ✔ Selected

Diagnosis	Description
617.0	ENDOMETRIOSIS OF UTERUS

Additional Notes

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility = place of service

**Authorization Request**

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis  
4. Service  
5. Service Information

Priority: Normal Diagnosis: 617.0 Service Facility: [! Change](#)

Hysterectomy +/- BSO for Abnormal uterin...

Medical Review: [! Required to Submit](#) NDC: Modifier: CPT: 58150 Details: [! Details](#)

6. Additional Notes

Save & Print

Modify Request Submit Save Close

**Authorization Request**

Eligibility Check: ✔ Eligible

**Patient Information**

Patient: TestPatient5, Skylar  
Subscriber ID: EXLTST005  
Card ID:  
DOB: 12/18/1976  
Payer: Health Plan  
Plan: 00011004 - EHP-Child Health Plu  
Product: 00302004 - HMO-Child Health Plu  
Group: 0007507500320332 - Safety Net Child Health

**Requesting Information** ✔ Complete

Date of Service: 07/21/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✔ Selected

Diagnosis	Description
617.0	ENDOMETRIOSIS OF UTERUS

**Service 1**


Description: Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding  
Product: 14.1 Procedures  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 617.0  
NDC:

## Clear Coverage™

### Hysterectomy Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search window. At the top, there are input fields for 'Name' and 'NPI', both with arrow 1 pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with arrow 2 pointing to it. Further right is a 'Search' button with arrow 3 pointing to it. Below the search fields is a table with columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

**IMPORTANT NOTE:** When selecting the facility, ensure that the facility chosen has this symbol:  to the left of the Service Facility Name.

This screenshot shows the same search window but with search results. The table has columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The first row of results shows a facility with a blue 'I' icon in the 'Preferred' column. A large arrow points from the 'I' icon in the text above to this icon in the table. Below the table, there is a 'select' button with an arrow pointing to it, and a checkbox that is checked.

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the medical review.

**Cancer Diagnosis:** “Medical Review” is not required. Proceed to page 13.

5. Service Information

Priority:	Diagnosis:	Service Facility:		
Hysterectomy +/- BSO for Abnormal uterin... Normal	617.0	University Hospital SUNY ...		
Medical Review:	NDC:	Modifier:	CPT:	Details:
Required to Submit			58150	Details

**If criteria met:** Click “Finish.”

Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding

InterQual®  
Version: RM14.1

Medical Review | InterQual® Clinical Evidence Summary | Clinical Revisions

Overview | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Results: Criteria Met

**Result: Criteria Met**

Evidence supports Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding

Question Source: Hysterectomy, +/- Bilateral Salping... Last Updated: 03/31/2014 Last Literature Review: 03/31/2014

[View Printable Summary](#) **Finish**

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Hysterectomy....” if you wish the request to pend to the Health Plan for review.

**Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding**

InterQual®  
Version: RM14.1

Medical Review | InterQual® Clinical Evidence Summary | Clinical Revisions

Overview | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Results: Criteria Not Met

**Result: Criteria Not Met**

Current evidence does not support procedure in this clinical scenario

**Recommended Actions:**

**Remove the following test(s):**

- ☒ Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding

Defaults to remove test. Provider must unselect.

**Alternative Action(s):**

- ☒ Continue with Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding

Note: Proceeding with this test may require review by the payer.

1.

Question Source: Hysterectomy, +/- Bilateral Salpingo-oophorectomy Last Updated: 03/31/2014 Last Literature Review: 03/31/2014

[View Printable Summary](#) [< Back](#) [Finish](#)

2.

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

2. Click “Finish.”

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

Choose the correct CPT code from the drop-down menu (if needed):

The screenshot shows the '5. Service Information' section of a form. It includes fields for Priority (Normal), Diagnosis (617.0), Service Facility (University Hospital SUNY ...), Medical Review (Completed), NDC, Modifier, and CPT (58150). A callout box labeled 'CPT code' points to the CPT field.

Details section:

The screenshot shows the '5. Service Information' section. A callout box labeled 'DETAILS' points to the 'Details' button in the bottom right corner.

Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

The screenshot shows the 'Details for Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding' section. It includes fields for Place of Service, Referral Provider, Referral Number, Requested Number Of Units, Requested Unit Type, Frequency, Frequency Type, Duration, and Duration Type. Numbered callouts indicate the required selections: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type, and (3) the OK button.

Click "Next".

# Clear Coverage™

## Hysterectomy Authorization Entry Tips

### Accordian 6: Additional Notes

If criteria was not met, enter additional information and/or attach a note with supporting medical documentation (1).

A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form. On the left, a sidebar contains a 'Patient Search' button and a list of sections: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The 'Additional Notes' section is expanded, showing a text area with the text: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4,000 character limit. Once all documentation is completed click on the “Add Notes/Attachments” button (2). To complete the authorization, click the “Submit” button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.' Below the text area is an 'Attachments (0):' section with a 'Browse' button. At the bottom of the form, there is a 'Save & Print' button on the left, and a row of buttons on the right: 'Add Note / Attachments', 'Submit', 'Save', and 'Close'. Three white arrows with black outlines point to these buttons: arrow '1.' points to the 'Browse' button, arrow '2.' points to the 'Add Note / Attachments' button, and arrow '3.' points to the 'Submit' button. The right side of the form displays the details for the authorization request, including Patient Information, Requesting Information, Diagnosis, and Service 1.

**Authorization Request**

**Patient Information** Eligibility Check: ✔ Eligible

Patient: TestPatient5, Skylar  
Subscriber ID: EXLTST005  
Card ID:  
DOB: 12/18/1976  
Payer: Health Plan  
Plan: 00011004 - EHP-Child Health Plu  
Product: 00302004 - HMO-Child Health Plu  
Coverage: 000750750020020 - Safety Net Child Health Plu

**Requesting Information** ✔ Complete

Date of Service: 07/21/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✔ Selected

Diagnosis	Description
617.0	ENDOMETRIOSIS OF UTERUS

**Service 1**

Description: Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding  
Product: 14.1 Procedures  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 617.0  
NDC:  
Requested Units/Type: 1 / Units

Attachments (0):



## Clear Coverage™ Hysterectomy Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:





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





The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

The following requests have been submitted. They can now be accessed    


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
	Hysterectomy +/- BSO for Abnormal uterine bleeding (AUB) or Postmenopausal bleeding	142020700008	MC0003472	✓ Auto Author	10/19/2014

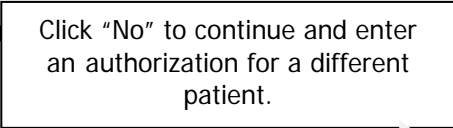
[View Request \(PDF\) >>](#)  

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses





# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

All requests for Specialty Pharmacy will pend for medical necessity review by the Health Plan.

Refer to the online list of drugs that require prior authorization:

[Univera Preauthorization Requirements For Medical Specialty Medications](#)

Please reference our website frequently for updates to this list as new drugs are added as they receive FDA approval and are available for use throughout the year.

Reference the “drug prior authorization form” for specific clinical questions and include the answers as well as supporting documentation within the Clear Coverage™ tool (Accordion 6).

*Reference the approval letter for authorization end dates, as they may differ from the Clear Coverage™ authorization end date.*

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the “Select Pay Type” button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot displays the 'Authorization Request' form. On the left, the 'Patient Information' section includes fields for First Name, MI, Last Name, DOB, Gender, Payer (Heath), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A large black arrow points to the 'Select Pay Type' button. In the center, a red box contains the text: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Above this box are links for 'Past Coverage' and 'Future Coverage'. A white box on the right states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The bottom of the form has a 'Save & Print' button and a 'Modify Request' dropdown menu.

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

Authorization Request

Patient Search

1. Patient Information

First Name: Declan MI: Last Name: TestPatient1

DOB: 12/18/1972 Gender: Male

Pay Type Select Pay Type Past Coverage Future Coverage

Payer: Health Plan ✓

Designated Processor:

Subscriber: EXLTST001

Card ID:

Effective Date: 01/01/2013

Expiration Date: 12/31/2199

Member ID: 00

Relationship to Subscriber: Self

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Health System-Rochester General Hospital

Add to Request

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Authorization Request

Patient Information

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active, displaying fields for 'Date of Service' (MM/DD/YYYY), 'Facility Name' (Sample), 'Requesting Clinician' (dropdown), 'Primary Specialty' (dropdown), and 'Requesting Clinician NPI'. A 'Select Other Clinician' link is visible. The right sidebar shows 'Patient Information' with details for TestPatient1, Declan, including Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is marked as 'Eligible'. The bottom of the window has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is identical to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link in the 'Requesting Information' section. The 'Requesting Clinician' dropdown menu is currently set to '--select--'.

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), and a dropdown menu set to 'In Plan'. Search and Clear buttons are present.
- Results Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan. A radio button is located to the left of the first row.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' (checked), a 'Use Selected' button, and a 'Cancel' button.

Numbered callouts indicate the following steps:

1. Points to the search input fields.
2. Points to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
3. Points to the radio button next to the first search result.
4. Points to the 'Use Selected' button.

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open below these fields, showing two address options. A red callout box points to the first address: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2'. A white callout box points to the second address: 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. The right pane shows 'Patient Information' (Eligible), 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine', and the 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right-hand panel. The right-hand panel, titled 'Authorization Request', shows a summary of the patient information: Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Hos. The 'Eligibility Check' is marked as 'Eligible'. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom of the interface, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

Add to Request

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

[illegible]



# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

### Accordion 4: Services

Enter the drug code or drug name.

- Click the “Add to Request” button, then click “Next”.

NOTE: If the drug has an unclassified code, you may search by the unclassified drug code, or by the drugs brand name.

If a newly added drug on the Medical Specialty Drug list is not found within Clear Coverage™, fax the request to the MSD unit at 1-800-306-0188.

The screenshot shows the 'Authorization Request' form with several sections. On the left, a vertical accordion menu has '4. Service' selected. Below it, the 'Service Lookup' section contains a text input field with 'Avastir' entered. A large white arrow points from the text 'Enter drug code or name' to this input field. Below the input field is a checkbox labeled 'Show service specific to selected diagnoses only'. A table titled 'Search Results: Services' contains one row with the following data:

Service	Product	CPT*	Coverage
Injection, bevacizumab, 10 mg	---	J9035	

A white arrow labeled 'ADD' points from the 'J9035' CPT code to an 'Add to Request' button located to the right of the table row. At the bottom of the table, a white arrow labeled 'NEXT' points to a 'Next >>' button. On the right side of the form, the 'Patient Information' section shows 'Eligibility Check' as 'Eligible' with a green checkmark. Below this, the 'Requesting Information' section shows 'Complete' with a green checkmark. The 'Diagnosis' and 'Additional Notes' sections are empty. At the bottom of the form, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal

*\*If the request is urgent, call the Medical Specialty Drug Unit at 1-800-306-0151.*

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3.

Service Facility = The provider who will be billing the Health Plan for the drug.

The screenshot displays the 'Authorization Request' form. On the left, a vertical accordion menu lists sections 1 through 6. Section 5, 'Service Information', is selected and expanded. It contains fields for 'Priority' (set to 'Normal'), 'Diagnosis' (set to '153.9'), and 'Service Facility' (with a 'Change' button). Below these is a table with columns for 'Medical Review', 'NDC', 'Modifi...', 'CPT', and 'Details'. The first row shows 'Injection, bevacizumab, 1...' under Medical Review, 'Not Available' under NDC, and 'J9035' under CPT. A 'Details' button is next to the CPT code. At the bottom of this section is a 'Next >>' button.

On the right, a detailed view of the 'Authorization Request' is shown. It includes:

- Patient Information:** Patient: Testpatient, J..., Subscriber ID: SUBSCRIBER, Card ID, DOB: 01/01/1970, Payer: Health Plan, Group: GROUP. It also shows an 'Eligibility Check' status of 'Eligible' and links for 'View Member Details' and 'View Coverage Details'.
- Requesting Information:** Date of Service: 04/28/2014, Facility: Sample, Clinician: LOCKWOOD, RICHARD, Clinician NPI: 1922088871. It shows a 'Complete' status and a link for 'View Clinician Details'.
- Diagnosis:** A table with 'Diagnosis' (153.9) and 'Description' (MALIGNANT NEOPLASM OF COLON, UNSP...). It shows a 'Selected' status.
- Service 1:** MSD, Description: Injection, bevacizumab, 10 mg, Product, Coverage: Secondary Review Required, Auth Dates, Primary ICD-9: 153.9, NDC.

At the bottom of the form are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' interface. At the top, there is a header bar with the title 'Service Facilities Available' and a close button (X). Below the header, there is a section for 'Current Service Facility:' with input fields for 'Name' and 'NPI'. A large black arrow labeled '1.' points to the 'Name' input field. To the right of the 'NPI' field is a dropdown menu for 'In-Plan' with options: 'All', 'In-Network', 'In-Plan' (highlighted), and 'Preferred Providers'. A large black arrow labeled '2.' points to the 'In-Plan' dropdown menu. To the right of the dropdown is a 'Search' button. A large black arrow labeled '3.' points to the 'Search' button. Below the search section is a table with the following columns: 'Preferred', 'Service Facility Name', 'Service Facility Address', 'Facility Type', 'Member', and 'NPI'. The table has multiple rows with alternating light green and white background colors.

When the results display, select the appropriate provider.

[illegible]

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, then click the "OK" button (2).

**5. Service Information**

MSD	Priority:	Diagnosis:	Service Facility:		
	<b>Normal</b> ▼	---	Facility/Provider name		
	Medical Review:	NDC:	Modifi...	CPT:	Details:
Injection, bevacizumab, 1...	Not Available				<b>DETAILS</b> → <b>! Details</b>

**Details for Injection, bevacizumab, 10 mg**

Place of Service: \* --select--  
Referral Provider: 11 - Office  
Referral Number: 12 - Home  
Requested Number Of Units: 22 - Outpatient Hospital  
Requested Unit Type: 24 - Ambulatory Surgical Center  
Frequency: --select--  
Frequency Type: --select--  
Duration: --select--  
Duration Type: --select--

**1.** →

**2.** → **OK** **Cancel**

Click "Next."

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Next >>**

**Authorization Request**

**Patient Information** Eligibility Check: **Eligible**

Patient: Testpatient, Jim  
Subscriber ID: SUBSCRIBER  
Card ID: 01/01/1970  
Payer: Health Plan  
Group: GROUP

**Requesting Information** **Complete**

Date of Service: 04/28/2  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922068871

**Service 1**

MSD  
Description: Injection, bevacizumab, 10 mg  
Product: Secondary Review Required  
Auth Dates: Primary Diagnosis: NDC:

# Clear Coverage™

## Medical Specialty Drug Authorization Entry Tips

### Accordian 6: Additional Notes

Additional clinical can be added here and documents can be attached (1). A note must be added in order to attach a document.

**NOTE:** Please reference the drug prior authorization form for specific clinical questions (include answers to the clinical questions in the additional notes box). Attach office notes and any other required clinical that is indicated on the drug prior authorization form. Attachment of this information is required for all medical specialty drug requests.

The screenshot shows the 'Authorization Request' form. On the left, a sidebar lists steps 1 through 6, with '6. Additional Notes' selected. The main area contains a text box for 'Additional Notes' and an 'Attachments (0): Browse' button. A large text box on the right provides instructions for adding notes and attachments. At the bottom, there are buttons for 'Save & Print', 'Add Note / Attachments', 'Submit', 'Save', and 'Close'. Three numbered arrows indicate the workflow: Arrow 1 points to the 'Browse' button; Arrow 2 points to the 'Add Note / Attachments' button; Arrow 3 points to the 'Submit' button.

**Authorization Request**

**1. Patient Information**

Eligibility Check: ✔ **Eligible**

Patient: Testpatient, Jim  
Subscriber ID: SUBSCRIBER [View Member Details](#)  
Card ID:  
DOB: 01/01/1970  
Payer: Health Plan ✔ [View Coverage Details](#)  
Group: GROUP

**2. Requesting Information** ✔ **Complete**

Date of Service: 04/28/2014  
Facility: Sampl  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**3. Diagnosis**

**4. Service**

**Service 1**

MSD  
Description: Injection, bevacizumab, 10 mg  
Product:  
Coverage: Secondary Review Required  
Auth Dates:  
Primary Diagnosis:  
NDC:

**5. Additional Notes**

\* Additional Notes:

Additional clinical can be added here. You may copy/paste from another document (4000 character limit), or you can attach documentation from a file on your computer (1). There is a 5MB limit per document but multiple documents can be attached to the authorization request within Clear Coverage™. Once all documentation is completed and/or documents are attached, click on the Add Notes/Attachments button (2). To complete the authorization click the Submit button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what needs to be completed in order to submit the authorization request.

Attachments (0): **Browse** 1.

**Add Note / Attachments** 2.

**Submit** 3. **Save** **Close**

**Save & Print**

## Clear Coverage™

### Medical Specialty Drug Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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




The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
MSD	Injection, bevacizumab, 10 mg	140921200001		Auth Pending	

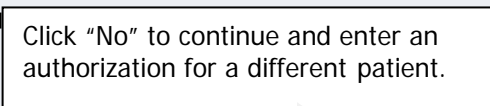
[View Request \(PDF\) >>](#) 


Would you like to create another Authorization?

☒ Include Requesting Information

☒ Include Diagnoses







# Clear Coverage™

## Physical Therapy Authorization Entry Tips

**Medicare Direct Pay-** Authorization required effective March 6, 2019. See below.

### Commercial & Medicare Contracts:

Initial requests for up to 10 **medically necessary** visits for physical therapy may receive an automatic approval. Subsequent visits and visits requested beyond 10 will pend for review.

If an original authorization exists in Clear Coverage™ and the provider wishes to request additional visits for that same authorization, see page 18 - 19 of this document for instructions.

For member's ages 0-3, initial requests for up to 10 visits for Early Intervention may receive an automatic approval. Subsequent visits and visits requested beyond 10 will pend for review.

**Medicaid Contracts:** No Pre-authorization is required. Physical therapy claims after the 21st visit will be reviewed retrospectively upon claim submission.

---

**Diagnosis Codes:** Enter the primary diagnosis code first.

**CPT codes:** Use 97164 for all PT authorizations.

Note: Use CPT code 97168 for all Occupational Therapy authorizations.

---

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form. The 'Patient Information' section is expanded, showing fields for First Name, MI, Last Name (Tucker), DOB (02/20/1960), Gender, Pay Type (Select Pay Type), Payer (Health Plan), Designated Processor, Subscriber, Card ID (200402621-00), Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product, and Group (000944400001 A001 - Village Of Earlville-Village Of Earlville-All Acti). A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' An arrow points from this box to the 'Past Coverage' link. Another arrow points from a text box stating 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' to the 'Future Coverage' link. The 'Add to Request' button is visible. The bottom of the form has a 'Save & Print' button and a 'Modify Request' dropdown menu with 'Submit', 'Save', and 'Close' buttons.

**Note:** If the patient has dual coverage with the Health Plan, separate authorizations will need to be entered for each active policy.

The request for the second contract will always pend.



# Clear Coverage™

## Physical Therapy Authorization Entry Tips

[illegible]

Click "Add to Request" to continue.

**Authorization Request**

**Patient Search**

**1. Patient Information**

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

Pay Type: **Select Pay Type** [Past Coverage](#) [Future Coverage](#)

Payer: **Health Plan**

Designated Processor:

Subscriber: **EXLTST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Ro** **Mem-Rochester General**

**Add to Request**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Authorization Request**

**Patient information**

**Requesting Information**

**Diagnosis**

**Additional Notes**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot displays the 'Authorization Request' form in the Clear Coverage system. The form is divided into two main sections: a primary form area on the left and a summary sidebar on the right.

**Primary Form Area:**

- 1. Patient Information:** Includes a 'Patient Search' button and a list of tabs for '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'.
- 2. Requesting Information:** This section is currently active and contains:
  - Please select a Date of Service:** A date picker with a calendar icon and a placeholder 'MM/DD/YYYY'.
  - Facility Name:** A dropdown menu with 'Sample' selected.
  - Requesting Clinician:** A dropdown menu with a red asterisk indicating a required field.
  - Primary Specialty:** A dropdown menu.
  - Requesting Clinician NPI:** A dropdown menu with a red asterisk.
  - Add to Request:** A button located at the bottom right of this section.

**Summary Sidebar (Right):**

- Authorization Request:** The title of the sidebar.
- Patient Information:** A section containing:
  - Eligibility Check:** A green checkmark and the word 'Eligible'.
  - Patient:** 'TestPatient1, Declan' with a trash icon.
  - Subscriber ID:** 'EXLTST001' with a link 'View Member Details'.
  - Card ID:** 'EXLTST001'.
  - DOB:** '12/18/1972'.
  - Payer:** 'Health Plan' with a green checkmark and a link 'View Coverage Details'.
  - Group:** '005000730001M004'.
- Requesting Information:** A large empty text area.
- Diagnosis:** A large empty text area.
- Additional Notes:** A large empty text area.

**Footer:**

- Save & Print:** A button on the bottom left.
- Modify Request:** A dropdown menu on the bottom right.
- Submit, Save, Close:** Three buttons on the bottom right.

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant or other provider. Click on "Select Other Clinician" to search.

Note: you may enter a physical therapist if this is a self referral.

The screenshot displays the 'Authorization Request' form. The main form area is divided into sections: '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. The 'Requesting Clinician' dropdown menu is currently set to '--select--'. A large black arrow points to the 'Select Other Clinician' link next to the dropdown. The right sidebar shows 'Patient Information' with details for 'TestPatient1, Declan', including Subscriber ID, Card ID, DOB, Payer, and Group. It also shows an 'Eligibility Check' status of 'Eligible'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 03/24/2014

Facility Name: Sample Practi

Requesting Clinician: --select-- [Select Other Clinician](#)

Primary Specialty:

Requesting Clinician NPI:

[Add to Request](#)

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

[Save & Print](#)

[Modify Request](#) [Submit](#) [Save](#) [Close](#)

**Authorization Request**

**Patient Information** Eligibility Check: **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan [View Coverage Details](#)

Group: 005000730001M004

**Requesting Information**

**Diagnosis**

**Additional Notes**

## Clear Coverage™

### Physical Therapy Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text), In Plan (dropdown), Search, and Clear buttons.
- Results Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan.
- Callout 1:** Points to the ID Type dropdown menu.
- Callout 2:** Points to the checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List'.
- Callout 3:** Points to the radio button in the first row of the results table.
- Callout 4:** Points to the 'Use Selected' button.

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are visible. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' is 'Internal Medicine' and the 'Requesting Clinician NPI' is '1033181755'. An 'Add to Request' button is present. On the right, a sidebar shows 'Patient Information' with details: Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Ho. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'. A red callout box with the text 'Ensure that both the address and facets number are correct' points to a dropdown menu. This menu is open, showing two address entries. The first entry is '1185 Sweethome Rd, Amherst, NY 14226' with 'Identifier: 000000006519' and 'Sequence: 2'. The second entry is 'PO Box 17850, Rochester, NY 14617' with 'Identifier: 000000006519' and 'Sequence: 3'. A white callout box with the text 'Select "Sequence: 2"' points to the first entry in the dropdown menu.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: ✔ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine', and the 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. On the right side, the 'Authorization Request' panel shows 'Patient Information' with an 'Eligibility Check' status of 'Eligible'. The patient details include: Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Hos. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Save & Print**

**Modify Request**

**Submit** **Save** **Close**

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

[illegible]

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

### Accordion 4: Services

Enter one procedure code only: **97164**. Do not enter any other physical therapy codes. All physical therapy codes are included within this “service group”.

Two choices will appear:

- ❖ Choose “PT re-evaluation” for all requests for patients ages 3 and over.
- ❖ Choose “Early Intervention” for all requests for patients ages 0-3.

Click the “Add to Request” button, then click “Next”.

The screenshot displays the 'Authorization Request' form with the 'Service' section active. A search bar at the top left contains the code '97164'. Below it, a table titled 'Search Results: Services' lists two options: 'Pt re-evaluation' and 'Early Intervention'. Both rows have 'Custom' for Product and '97002..' for CPT. The 'ADD' button is highlighted over the 'Early Intervention' row. To the right, a sidebar shows patient information (TestPatient1, EXLTST001), requesting information (Date of Service: 01/13/2015, Facility: Sample Practice, Clinician: LOCKWOOD, RICHARD), and a selected diagnosis (717.0 OLD BUCKET HANDLE TEAR OF MEDIAL ME...). At the bottom right, a 'Next >>' button is visible.

Service	Product	CPT*	Coverage	
Pt re-evaluation	Custom	97002..		Add to Request
Early Intervention	Custom	92507..		Add to Request



# Clear Coverage™

## Physical Therapy Authorization Entry Tips

### Accordion 5: Service Information

**Priority** = Normal (if request is urgent, call Customer Care)

**Diagnosis** = defaults to primary code that was entered in accordion 3

**Service Facility** = enter the name of a physical therapist within your group. **DO NOT** enter the group name. If the group name is entered, the request may pend for review.

\*See next page.

The screenshot displays the 'Authorization Request' form with the '5. Service Information' accordion expanded. The form is divided into two main panes. The left pane contains the 'Physical Therapy' section with fields for Priority (Normal), Diagnosis (S83.202A), and Service Facility (Therapist Name). Below these are fields for Medical Review (Not Available), NDC, Modifiers, CPT (97002), and Details. The right pane shows a summary of the request, including Date of Service (07/06/2016), Facility (Sample), Clinician (LOCKWOOD, RICHARD), and Clinician NPI (1922088871). It also displays the selected Diagnosis (S83.202A) and the Service 1 details, including Description (Pt re-evaluation), Product, Coverage (Prior Approval), Auth Dates, Primary ICD-10 (S83.202A), NDC, Medical Review (Not Available), Result, Version, Service Provider, Facility Type, and Phone. At the bottom, there are buttons for Save & Print, Modify Request, Submit, Save, and Close.

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Physical Therapy

Priority: Normal

Diagnosis: S83.202A

Service Facility: Therapist Name

Medical Review: Not Available

NDC:

Modifiers:

CPT: 97002

Details: Details

Pt re-evaluation

6. Additional Notes

Next >>

Save & Print

Modify Request

Submit

Save

Close

**Authorization Request**

Date of Service: 07/06/2016

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871

[View Clinician Details](#)

**Diagnosis** Selected

Diagnosis	Description
S83.202A	BUCKET-HANDLE TEAR OF UNSPECIFIED ME.

**Service 1**

Physical Therapy

Description: Pt re-evaluation

Product:

Coverage: Prior Approval

Auth Dates:

Primary ICD-10: S83.202A

NDC:

Medical Review: Not Available

Result:

Version:

Service Provider:

Facility Type:

Phone:

Additional Notes

# Clear Coverage™

When searching for Service Facility Name (Provider), enter the name of an individual therapist within your group or their NPI number and click the "Search" button.

[illegible]

When the results display, select the provider.

Service Facilities Available

Current Service Facility: LePage Joseph

Name lockwood

Facility Type

NPI

In-Plan

Search

Clear

Search Results: Service Facilities

1

Preferred	Service Facility Name	Service Facility Address	Facility Type	Network	Phone Number	NPI
select	Therapist information appears here					

## Clear Coverage™

### Physical Therapy Authorization Entry Tips

**Details section:** Must select: (1) Place of Service. (2) Number of Units (Visits) and Requested Unit Type. **"Initial" authorizations may include 1-10 visits. Any number over 10 will result in a pended authorization.**

When completed Click the "OK" button (3).

The screenshot shows a web form titled "Details for Pt re-evaluation". It contains several input fields and dropdown menus. Three numbered arrows point to specific fields: Arrow 1 points to the "Place of Service" dropdown, which is set to "11 - Office". Arrow 2 points to the "Requested Unit Type" dropdown, which is set to "Visits". Arrow 3 points to the "OK" button at the bottom right of the form. Other fields include "Referral Provider" (dropdown), "Referral Number" (text), "Requested Number Of Units" (text, set to 10), "Frequency" (text), "Frequency Type" (dropdown), "Duration" (text), and "Duration Type" (dropdown).

1. Place of Service: \* 11 - Office

Referral Provider: --select--

Referral Number:

Requested Number Of Units: \* 10

Requested Unit Type: \* Visits

Frequency:

Frequency Type: --select--

Duration:

Duration Type: --select--

3. OK Cancel

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

Once all of the Service information has been added, click the “Next” button.

The screenshot displays the 'Authorization Request' software interface. The main window is titled 'Authorization Request' and features a sidebar on the left with a list of steps: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The '5. Service Information' step is currently selected and highlighted in blue. Below this, the 'Physical Therapy' section is active, showing fields for Priority (Normal), Diagnosis (717.0), Service Facility (Therapist), and Expiration Date (12/31/2015). A 'Medical Review' section shows 'Completed' with a green checkmark. Below this, there are buttons for 'Modifiers' and 'Details'. A large white arrow with the word 'NEXT' inside points towards the 'Next >>' button located at the bottom right of the main window. The bottom of the window includes a 'Save & Print' button on the left and a 'Modify Request' dropdown, 'Submit', 'Save', and 'Close' buttons on the right. A secondary window titled 'Authorization Request' is open on the right side, showing a summary of the entered information. This summary includes Patient Information (TestPatient1, EXLTST001, DOB: 12/18/1972, Payer: Health Plan, Plan: 00011001 - EHP-Medicare, Product: 00102004 - HMO-Medicare Blue Ch), Requesting Information (Date of Service: 01/13/2015, Facility: Sample Practice, Clinician: LOCKWOOD, RICHARD, Clinician NPI: 1922088871), Diagnosis (717.0 - OLD BUCKET HANDLE TEAR OF MEDIAL ME.), and Service 1 (Physical Therapy, Description: Pt re-evaluation, Product: Custom, Coverage: Prior Approval, Auth Dates, Primary ICD-9: 717.0, NDC, Initial or Subsequent Visit: IN - Initial, Requested Units/Type: 20 / Visits).

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Physical Therapy

Priority: Normal

Diagnosis: 717.0

Service Facility: Therapist

Expiration Date: 12/31/2015

Medical Review: Completed

Modifiers

CPT: 97002

Details

Pt re-evaluation

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

Next >>

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000720001M004 - Rochester General Hos

Requesting Information

Complete

Date of Service: 01/13/2015

Facility: Sample Practice

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871

View Clinician Details

Diagnosis

Selected

Diagnosis	Description
717.0	OLD BUCKET HANDLE TEAR OF MEDIAL ME.

Service 1

Physical Therapy

Description: Pt re-evaluation

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 717.0

NDC:

Initial or Subsequent Visit: IN - Initial

Requested Units/Type: 20 / Visits

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

### Accordion 6: Additional Notes

If needed, additional clinical information can be added in this section and documents can be attached (1). A note must be added in order to attach a document.

*\*A note is required for ALL subsequent visit (additional visit) requests, visit requests beyond 10 and requests for patients ages 3-21.*

The screenshot shows the 'Patient Search' interface with a left-hand navigation menu and a main content area. The left menu has six items: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The 'Additional Notes' section is expanded, showing a text area for 'Additional Notes' with a character limit of 4,000. Below the text area are three buttons: 'Attachments (0): Browse', 'Add Note / Attachments', and 'Submit'. Three numbered arrows point to these buttons: arrow 1 points to 'Attachments (0): Browse', arrow 2 points to 'Add Note / Attachments', and arrow 3 points to 'Submit'. The right-hand side of the form displays the 'Authorization Request' details, including 'Patient Information' (Patient: Testpatient, Jim; Subscriber ID: SUBSCRIBER; Card ID; DOB: 01/01/1970; Payer: Health Plan; Group: GROUP), 'Requesting Information' (Date of Service: 03/17/2014; Facility: Sample Practice; Clinician: LOCKWOOD, RICHARD; Clinician NPI: 1922088871), 'Diagnosis' (717.0 OLD BUCKET HANDLE TEAR OF MEDIAL MEN), and 'Service 1' (Physical Therapy; Description: Pt re-evaluation; Product; Coverage: Prior Approval). The 'Submit' button is located at the bottom right of the form.

Additional clinical can be added here (up to 4,000 characters). You may copy/paste from another document.

Once all documentation is completed click on the **“Add Notes/Attachments”** button (2).

To complete the authorization **click the “Submit”** button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up menu will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0): **1.** Browse

**2.** Add Note / Attachments

**3.** Submit Save Close

## Clear Coverage™

### Physical Therapy Authorization Entry Tips

Once the authorization has been submitted a contact information pop up displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.


The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:
<input type="text" value="John"/>	<input type="text" value="Jones"/>

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

( <input type="text" value="555"/> )	<input type="text" value="555"/>	- <input type="text" value="5555"/>	Ext <input type="text"/>
--------------------------------------	----------------------------------	-------------------------------------	--------------------------



## Clear Coverage™

### Physical Therapy Authorization Entry Tips

The Request Box will display. The request box allows you to see/access the following:

1. Status of the authorization
2. Reference number (used when a request is pending)
3. Payer Authorization number
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
PHYSICAL THERAPY	Pt re-evaluation	140701300000	MC0000141	✓ Auto Author	03/17/2015

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

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses

Not used in the creation of a single PT authorization request. Click "No" to continue and enter an authorization for a different patient.

# Clear Coverage™

## Physical Therapy Authorization Entry Tips

When an initial authorization has already been entered in Clear Coverage™, DO NOT create a new authorization. Follow these steps:

1. Click the "Authorization Search" button.

The screenshot shows the top navigation bar with 'Home', 'Authorization Search', and 'Administration' links. The 'Authorization Search' link is highlighted with a black arrow labeled '1.'. Below the navigation bar is the 'Authorization Search' form with fields for Patient Last Name, Patient First Name, Date Created (Last 7 Days), Status (All), Payer, Subscriber/Card, Requesting Clinician, Reference Type (All), and Reference Number.

2. Locate the authorization by patient name and/or reference number.

The screenshot shows the 'Authorization Search' form with 'Testpatient1' entered in the Patient Last Name field and 'Declan' entered in the Patient First Name field. A black arrow labeled '2.' points to the Patient First Name field. A yellow 'Search' button is highlighted with a black arrow labeled '3.'.

3. Click the "Search" button.

4. Click the "Detail" button to re-open the authorization.

The screenshot shows the 'Search Results: Authorization Requests' table. The table has columns: Payer Assigned #, Status, Priority, Payer, Last Name, First Name, Subscriber, and Card. The first row shows a pending authorization for TestPatient1, Declan, with subscriber EXLTST001. A black arrow labeled '4.' points to the 'Detail' button in the bottom left corner.

Payer Assigned #	Status	Priority	Payer	Last Name	First Name	Subscriber	Card
	Pending	Normal	Health Plan	TestPatient1	Declan	EXLTST001	



# Clear Coverage™

## Physical Therapy Authorization Entry Tips

5. Proceed directly to **Accordion 6** and type in a note: "Request for xx additional visits" and include clinical updates describing the need for additional visits.
6. Attach documents, if appropriate.
7. Click the **"Add Notes/Attachments"** button.
8. Click **"Save"**.
9. Request will pend to the Health Plan for a medical necessity review.

The screenshot shows the 'Authorization Request' form with a left-hand accordion menu and a main content area. The accordion menu has six items: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. Item 6 is selected. The main content area is divided into two sections. The top section, 'Additional Notes', contains a text area with the placeholder text: "Request for xx additional visits"....Enter additional clinical updates HERE. Or attach clinical documents below (4). An arrow labeled '5.' points to this text area. Below the text area is an 'Attachments (0):' section with a 'Browse' button. An arrow labeled '6.' points to the 'Browse' button. At the bottom of the main content area is an 'Add Note / Attachments' button. An arrow labeled '7.' points to this button. The bottom right of the form has a 'Save' button and a 'Close' button. An arrow labeled '8.' points to the 'Save' button. The right-hand side of the form contains a summary of the request, including Patient Information, Requesting Information, Diagnosis, and Service details.

**Authorization Request**

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis  
4. Service  
5. Service Information  
6. Additional Notes

Additional Notes:

"Request for xx additional visits"....Enter additional clinical updates HERE. Or attach clinical documents below (4).

Attachments (0):

**Authorization Request**

**Patient Information** Eligibility Check: ☒ Eligible

Patient: TestPatient  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan: 00011001 - EHP-Medicare  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 005000730001M004 - Rochester General Hos

**Requesting Information** ☒ Complete

Date of Service: 01/13/2015  
Facility: Sample Practice  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ☒ Selected

Diagnosis	Description
717.0	OLD BUCKET HANDLE TEAR OF MEDIAL ME..

**Service 1** Status: ☒ Auth Pending

Physical Therapy

Expires:  
Description: **Pt re-evaluation**  
Product: Custom  
Coverage: Prior Approval  
Auth Dates: 01/13/2015 - 01/13/2016  
Primary ICD-9: 717.0  
NDC:  
Initial or Subsequent Visit: IN - Initial

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

Referrals are only required for the following contracts:

1. Medicare HMO
2. Verizon

**NOTE: Please do not request a referral in Clear Coverage™ for any other product as it is not required.**

After searching for and selecting the patient, the Authorization Request Entry Box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' window. On the left, the 'Patient Search' section is expanded to '1. Patient Information'. It contains fields for First Name, MI (with a dropdown set to 'A'), Last Name, DOB, and Gender. Below these is a 'Pay Type' section with a 'Select Pay Type' button, which is highlighted by a large black arrow. Further down are fields for Payer (set to 'Health Pl.' with a green checkmark), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and a Group field. A red callout box points to the 'Past Coverage' link, stating: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Another callout box points to the 'Future Coverage' link, stating: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the window shows a sidebar with sections for 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

Authorization Request

Patient Search

1. Patient Information

First Name: Declan MI: Last Name: TestPatient1

DOB: 12/18/1972 Gender: Male

Pay Type Select Pay Type Past Coverage Future Coverage

Payer: Health Plan ✓

Designated Processor:

Subscriber: EXLTST001

Card ID:

Effective Date: 01/01/2013

Expiration Date: 12/31/2199

Member ID: 00

Relationship to Subscriber: Self

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - F Add to Request

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Authorization Request

Patient Information

Requesting Information

Diagnosis

Additional Notes

# Clear Coverage™

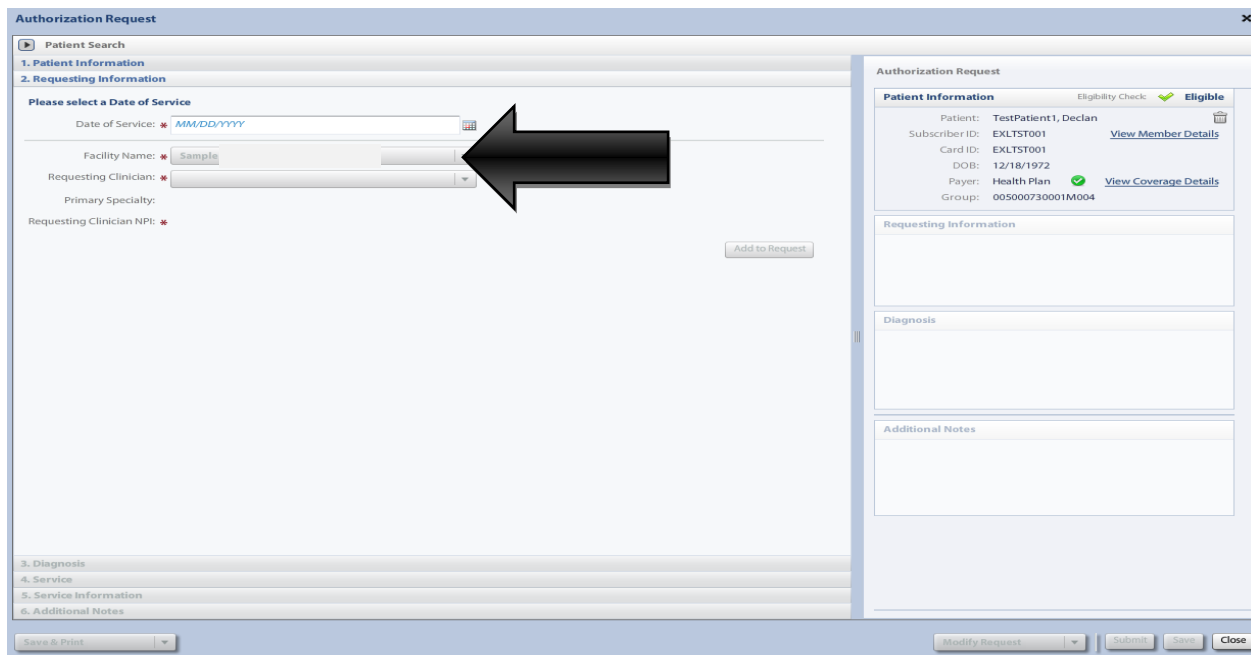
## Specialty Referral Requests Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to five days, or go forward 90 days.

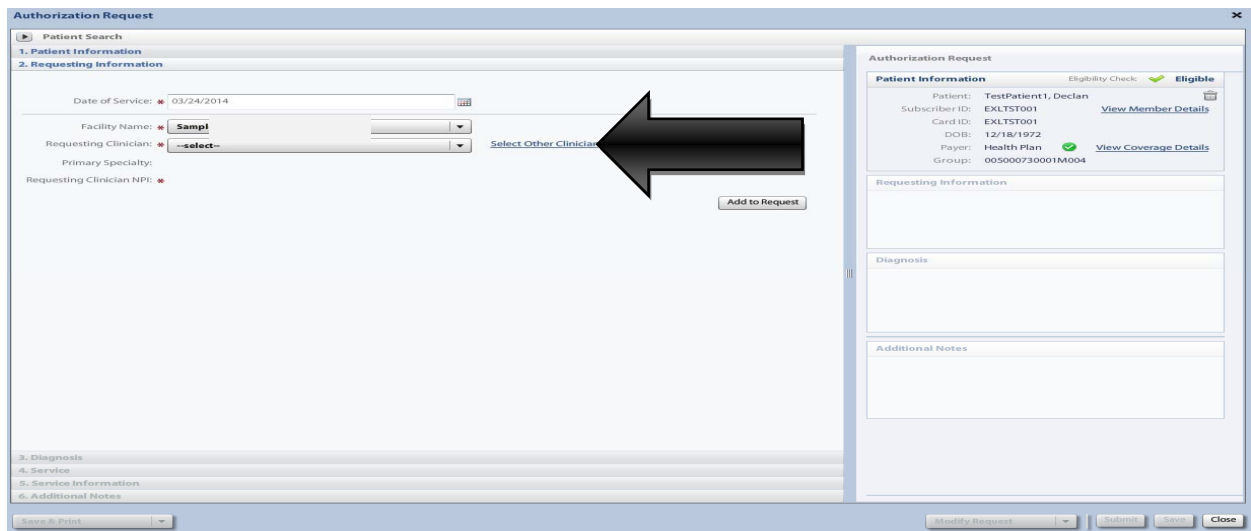
Note: if you need to backdate a request beyond five days, call Customer Care.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.



The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active. The 'Date of Service' field is highlighted with a large black arrow. The 'Facility Name' field is set to 'Sample'. The 'Requesting Clinician' field is set to 'Sample'. The 'Primary Specialty' field is set to 'Sample'. The 'Requesting Clinician NPI' field is empty. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is marked as 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, physical therapist or other provider. Click on "Select Other Clinician" to search.



The screenshot shows the 'Authorization Request' window. The 'Requesting Information' section is active. The 'Date of Service' field is set to 03/24/2014. The 'Facility Name' field is set to 'Sampl'. The 'Requesting Clinician' field is set to '--select--'. A large black arrow points to the 'Requesting Clinician' field. The 'Select Other Clinician' link is visible. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is marked as 'Eligible'.

**Clear Coverage™**  
**Specialty Referral Requests Authorization Entry Tips**

The provider can be saved to the preferred provider list (2).

Provider Search »

[illegible]

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are visible. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' is 'Internal Medicine' and the 'Requesting Clinician NPI' is 1033181755. A red box with the text 'Ensure that both the address and facets number are correct' points to a dropdown menu. This menu shows two addresses: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 0000000006519, Sequence: 2' and 'PO Box 17850, Rochester, NY 14617, Identifier: 0000000006519, Sequence: 3'. A white box with the text 'Select "Sequence: 2"' points to the first address. On the right, the 'Authorization Request' panel shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, Plan, Product, and Group. The 'Eligibility Check' is 'Eligible'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: [Dropdown]

Requesting Clinician: [Dropdown] [Select Other Clinician](#)

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

1185 Sweethome Rd  
Amherst, NY 14226  
Identifier: 0000000006519  
Sequence: 2

PO Box 17850  
Rochester, NY 14617  
Identifier: 0000000006519  
Sequence: 3

Add to Request

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '2. Requesting Information' tab is active, showing fields for Date of Service (08/31/2015), Facility Name, Requesting Clinician, Primary Specialty (Internal Medicine), Requesting Clinician NPI (1033181755), and Clinician Location (1185 Sweethome Rd). A large black arrow points from the 'Add to Request' button in the bottom right of this section to the right-hand panel. The right-hand panel, titled 'Authorization Request', contains a 'Patient Information' section with details: Patient (TestPatient1, Declan), Subscriber ID (EXLTST001), Card ID, DOB (12/18/1972), Payer (Health Plan), Plan (00011001), Product (00102004 - HMO-Medicare Blue Ch), and Group (005000730001M001 - Rochester General Health). Below this is a 'Requesting Information' section, followed by 'Diagnosis' and 'Additional Notes' sections. At the bottom of the right panel are buttons for 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Select Other Clinician

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

Add to Request

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M001 - Rochester General Health

Requesting Information

Diagnosis

Additional Notes

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

The screenshot displays the 'Authorization Request' form. The left sidebar shows the 'Patient Search' section with tabs for '1. Patient Information', '2. Requesting Information', and '3. Diagnosis'. The '3. Diagnosis' tab is active, showing an 'ICD-10 Lookup' field with 'ISO.2' entered. Below this is a table of ICD-10 codes and descriptions. The 'Billable' column for each row contains a green checkmark, indicating it is a billable code. An arrow labeled '1.' points to the 'Billable' column. An arrow labeled '2.' points to the 'Add to Request' button next to the selected code 'ISO.22 CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE'. A 'NEXT' button is located at the bottom right of the main table area, with an arrow pointing to it. The right sidebar contains 'Patient Information' (Eligibility Check: Eligible), 'Requesting Information' (Complete), and 'Diagnosis' (empty text area). The bottom of the form has a 'Save & Print' button and a 'Modify Request' dropdown menu.

ICD-10	Description	Billable	Action
ISO	HEART FAILURE		
ISO.2	SYSTOLIC (CONGESTIVE) HEART FAILURE		
ISO.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE		Add To Request
ISO.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE		Add To Request
ISO.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE		Add To Request
ISO.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE		Add To Request





# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips


- The provider must choose two services. The diagnostic service **MUST** be chosen **FIRST**. This provides the required detail for labs, tests, etc. that may need to be ordered (this must be completed even if not ordering tests).

**4. Service**

Service Lookup:

medicare

☐ Show service specific to selected diagnoses only

 Search Results: Services 1

Service	Product	CPT*	Coverage	
<u>REFERRALS - MEDICARE</u>	Custom	99205	<u>Prior Approval</u>	<a href="#">Add to Request</a>
<u>REFERRALS DIAGNOSTIC - MEDICARE</u>	Custom	80047	<u>Prior Approval</u>	<a href="#">Add to Request</a>

### Medicare HMO:

- "REFERRALS DIAGNOSTIC-MEDICARE"
  - Click "Add to Request"
- "REFERRALS – MEDICARE"
  - Click "Add to Request"

### Verizon:

- "Referral Diagnostic - Verizon **EHP**"
  - Click "Add to Request"
- "Referral - Verizon **EHP**"
  - Click "Add to Request"

- Click "Next."

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

### Accordion 5: Service Information

**5. Service Information**

Specialty Referrals

Priority: **Normal** | Diagnosis: **ISO.22** | Service Facility: **[Change]**

	Medical Review:	NDC:	Modifiers:	CPT:	Details:
Referral Diagnostic:	<b>[Required to Submit]</b>			80047	<b>[Details]</b>
Referral:	<b>[Required to Submit]</b>			99205	<b>[Details]</b>

1. Priority - Normal (if request is urgent, call Customer Care)
2. Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3
3. Service Facility - enter the specialist to whom you are referring the patient. This must be an individual physician and **NOT** a group. Click "Select."

**NOTE:** If a group is chosen, the auth will pend.

When searching for Service Facility Name (the provider you are referring the patient to), enter the name or the NPI number and click the "Search" button.

**Service Facilities Available**

Current Service Facility:

Name:  Facility Type:  NPI:  In-Plan:  Search Clear

Search Results: Service Facilities

Preferred	Service Facility Name	Service Facility Address	Facility Type	Network	Phone Number	NPI

When the results display, select the provider.

**Service Facilities Available**

Current Service Facility:

Name:  Facility Type:  NPI:  In-Plan:  Search Clear

Search Results: Service Facilities 1

Preferred	Service Facility Name	Service Facility Address	Facility Type	Network	Phone Number	NPI
select <input checked="" type="checkbox"/>	Provider demographic information appears here					

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

4. Medical Review = Click “!Required to Submit”

The screenshot shows the '5. Service Information' section of a web application. It includes a 'Specialty Referrals' header and a table with columns: Priority, Diagnosis, Service Facility, Medical Review, NDC, Modifiers, CPT, and Details. The 'Priority' dropdown is set to 'Normal'. The 'Diagnosis' dropdown is set to 'I50.22'. The 'Service Facility' dropdown is set to 'Vienne Jr Richard'. The 'Medical Review' column has two rows, both with a red exclamation mark icon and the text '! Required to Submit'. The 'CPT' column has two rows, both with the value '80047'. The 'Details' column has two rows, both with a red exclamation mark icon and the text '! Details'.

5. Answer “Medical Review” questions. Questions will vary dependent upon type of product (Medicare vs. Verizon) and type of referral requested.

6. Click “Next”

7. Click “Finish”

The screenshot shows the 'Medical Review' window for a patient named 'TestPatient1, Declan'. The window title is 'Medical Review'. The main content area is titled 'Specialty Referral Diagnostics' and shows a 'Medical Review' tab. The 'Results: Criteria Met' section is highlighted in green and contains the text 'Evidence supports Specialty Referral Diagnostics as medically necessary.' Below this, the 'Recommended Actions' section is also highlighted in green and contains the text 'Proceed with the following test(s):' followed by a radio button and the text 'Specialty Referrals and Specialty Referral Diagnostics'. The 'Results Comments (0)' section is on the right, with a text area for comments and an 'Add Comment' button. At the bottom, there is a 'View Printable Summary' button, a '< Back' button, and a 'Finish' button. A large black arrow points to the 'Finish' button. The 'Close' button is at the bottom right.

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

8. Details = click on each “Details” button (1).

The screenshot shows the 'Authorization Request' form. It has a sidebar with tabs: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information. The main area shows 'Specialty Referrals' with a 'Priority' dropdown set to 'Normal', a 'Diagnosis' dropdown set to '701.4', and a 'Service Facility' dropdown set to 'Sleeper Richard'. Below this, there are two rows of 'Specialty Referral Diagnostics' and 'Specialty Referrals', both with a 'Medical Review' status of 'Completed'. A large black arrow points to the 'Details' button for the 'Specialty Referrals' row, which has a red exclamation mark icon.

**Details section:** Must select: Place of Service (1), Number of Units (visits) and Requested Unit Type (2). The number of visits **MUST** match for the diagnostics and the referrals details.

When completed, click the “OK” button (3).

The screenshot shows two side-by-side forms: 'Details for Specialty Referral Diagnostics' and 'Details for Specialty Referrals'. Both forms have a 'Place of Service' dropdown set to '11-Office'. A red arrow labeled '1.' points to the 'Place of Service' dropdown. A red arrow labeled 'Diagnostics' points to the 'Details for Specialty Referral Diagnostics' form, and a red arrow labeled 'Referrals' points to the 'Details for Specialty Referrals' form. A red arrow labeled '2. Number of units MUST match' points to the 'Requested Number Of Units' field in both forms, which is set to '9999'. Both forms also have a 'Requested Unit Type' dropdown set to 'Visits'. At the bottom of each form are 'OK' and 'Cancel' buttons.

**Medicare HMO and Verizon** can request unlimited visits so input 9999 in each field.

**EXCEPTIONS:** For Medicare HMO: Nutritional Counseling-provider can request 1 visit

# Clear Coverage™

## Specialty Referral Requests Authorization Entry Tips

9. Click "Next."

The screenshot shows the 'Authorization Request' form. The 'Specialty Referrals' section is active, displaying a table with two rows of referral information. The 'Medical Review' column for both rows shows a green checkmark and the word 'Completed'. The 'CPT' column shows '80047' and '99205'. The 'Details' column has a 'Details' button for each row. A large black arrow with the word 'NEXT' in white points to the 'Next >>' button at the bottom right of the form. The 'Next >>' button is a small, light blue button with the text 'Next >>'.

Referral Diagnostic	Medical Review	NDC	Modifiers	CPT	Details
Referral Diagnostic - Broome	Completed			80047	Details
Referral - Broome County	Completed			99205	Details

### Accordian 6: Additional Notes

1. Add supporting documentation, if needed.

- Click "Add Note/Attachments."
- Click "Submit."

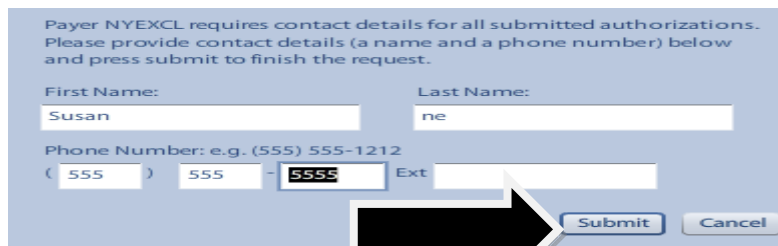
If no supporting documentation is needed, click "Submit" and follow prompts.

## Clear Coverage™

### Specialty Referral Requests Authorization Entry Tips

Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.



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: Susan Last Name: ne

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

Submit Cancel

The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pending)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request



**Request**

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

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
SPECRF	Specialty Referral Diagnostics Specialty Referrals	140791100004	MC0000355	✓ Auto Author	12/17/2016

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

Would you like to create another Authorization Request?

☒ Include Requesting Information  
☒ Include Diagnoses

Yes No

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

All requests for Spine Surgery will pend for medical necessity review by the Health Plan. The review tool MUST be completed to provide clinical information and the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form with the following fields and annotations:

- Patient Search:** First Name, MI (A), Last Name, DOB, Gender.
- Pay Type:** Select Pay Type button. A large black arrow points to this button.
- Payer:** Health Plan (checked).
- Designated Processor:** Subscriber, Card ID.
- Effective Date:** 06/01/2014.
- Expiration Date:** 05/31/2016.
- Member ID:** 00.
- Relationship to Subscriber:** Self.
- Plan:** 00011000 - EHP-Commercial.
- Product:** 00632001.
- Group:** (empty field).
- Buttons:** Add to Request, Save & Print, Modify Request, Submit, Save, Close.
- Annotations:**
  - A red box states: "The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy." An arrow points to the "Past Coverage" link.
  - A white box states: "If the member has future coverage (change in policy), the 'Future Coverage' link will be active." An arrow points to the "Future Coverage" link.



# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

**Authorization Request**

Patient Search

### 1. Patient Information

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

Pay Type: **Select Pay Type** [Past Coverage](#) | [Future Coverage](#)

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXTLST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Rochester General Hospital System-Rochester General**

**Add to Request**

### 2. Requesting Information

### 3. Diagnosis

### 4. Service

### 5. Service Information

### 6. Additional Notes

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' form with the 'Requesting Information' section active. The 'Date of Service' is set to 'MM/DD/YYYY'. The 'Facility Name' is 'Sample'. The 'Requesting Clinician' is 'Sample'. The 'Primary Specialty' is empty. The 'Requesting Clinician NPI' is empty. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with details for 'TestPatient1, Declan' and an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is similar to the previous one, but with a large black arrow pointing to the 'Select Other Clinician' link. The 'Date of Service' is now '03/24/2014'. The 'Facility Name' is 'Sampl'. The 'Requesting Clinician' is '--select--'. The 'Add to Request' button is visible. The right sidebar shows the same 'Patient Information' details.

## Clear Coverage™ Spine Surgery Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains the text: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, In Plan.
- Callout 1:** Points to the ID Type dropdown menu.
- Callout 2:** Points to the checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List'.
- Callout 3:** Points to the radio button next to the first row in the table.
- Callout 4:** Points to the 'Use Selected' button.

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open, showing two address options. A red callout box points to the dropdown with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the first option with the text 'Select "Sequence: 2"'. The right pane shows 'Patient Information' (Eligibility Check: Eligible), 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

**Ensure that both the address and facets number are correct**

**Select "Sequence: 2"**

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

**Authorization Request**

**Patient Information** Eligibility Check: **Eligible**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan: 00011001  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 005000730001M004 - Rochester General Ho

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine'. The 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. On the right side, the 'Authorization Request' panel shows 'Patient Information' with an 'Eligibility Check' status of 'Eligible'. The patient details include: Patient: TestPatient1, Declan; Subscriber ID: EXLTST001; Card ID: 12/18/1972; Payer: Health Plan; Plan: 00011001; Product: 00102004 - HMO-Medicare Blue Ch; Group: 005000730001M004 - Rochester General Hos. Below this, there are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### Accordion 3: Diagnosis

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

The screenshot displays the 'Authorization Request' form. On the left, the 'Diagnosis' section is expanded, showing an ICD-9 Lookup table. A white arrow labeled '1.' points to the 'Billable' column, which contains green checkmarks for billable codes. Another white arrow labeled '2.' points to the 'Add to Request' button next to a selected code. A third white arrow labeled 'Enter Diagnosis Code' points to the input field above the table. At the bottom of the table, a large white arrow labeled 'NEXT' points to the 'Next >>' button. On the right, the 'Patient Information' and 'Requesting Information' sections are visible, showing patient details and service information. The 'Diagnosis' section on the right is empty, and the 'Additional Notes' section is also empty. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

ICD-9	Description	Billable
724	OTHER AND UNSPECIFIED DISORDERS OF BACK	
724.0	SPINAL STENOSIS OTHER THAN CERVICAL	
724.1	PAIN IN THORACIC SPINE	
724.2	LUMBAGO	
724.3	SCIATICA	
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED	
724.5	BACKACHE, UNSPECIFIED	
724.6	DISORDERS OF SACRUM	
724.7	DISORDERS OF COCCYX	
724.8	OTHER SYMPTOMS REFERABLE TO BACK	
724.9	OTHER UNSPECIFIED BACK DISORDERS	

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### Accordion 4: Services

Enter primary CPT code only. **Note:** All other CPT codes will be entered in accordion 6.

- Click the “Add to Request” button, then click “Next.”

The screenshot shows the 'Authorization Request' form with several sections. Annotations include:

- An arrow pointing to the 'Service Lookup' input field with the text 'Enter Primary CPT code'.
- An arrow pointing to the 'Add to Request' button in the 'Search Results: Services' table with the text 'ADD'.
- An arrow pointing to the 'Next >>' button at the bottom with the text 'NEXT'.

**Search Results: Services**

Service	Product	CPT*	Coverage
Fusion, Thoracic Spine	132 Procedures	22532	

**Authorization Request Summary**

**Patient Information** Eligibility Check: ✓ Eligible

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan ✓ [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** ✓ Complete

Date of Service: 04/28/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✓ Selected

Diagnosis	Description
724.1	PAIN IN THORACIC SPINE
738.4	ACQUIRED SPONDYLOLISTHESIS

**Additional Notes**

Buttons at the bottom: Save & Print, Modify Request, Submit, Save, Close.

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility - place of service

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Spines

Priority: Normal

Diagnosis: 724.1

Service Facility: Change

Medical Review: Required to Submit

NDC:

Modifi...

CPT: 22532

Details: Details

6. Additional Notes

Next >>

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan

Group: 005000730001M004

View Member Details

View Coverage Details

Requesting Information

Complete

Date of Service: 04/28/2014

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871

View Clinician Details

Diagnosis

Selected

Diagnosis	Description
724.1	PAIN IN THORACIC SPINE
738.4	ACQUIRED SPONDYLOLISTHESIS

Service 1

Spines

Description: Fusion, Thoracic Spine

Product: 13.2 Procedures

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 724.1

NDC:

Save & Print

Modify Request

Submit

Save

Close




## Clear Coverage™

### Spine Surgery Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select “In-Plan” (2). If the appropriate provider is not found, switch to “All” (when “All” is selected, request will pend even if it meets criteria). Click the “Search” button (3).

The screenshot shows the 'Service Facilities Available' search window. At the top, there are input fields for 'Name' and 'NPI', both with arrow 1 pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with arrow 2 pointing to it. Further right is a 'Search' button with arrow 3 pointing to it. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

**IMPORTANT NOTE:** When selecting the facility, ensure that the facility chosen has this symbol:  to the left of the Service Facility Name.

The screenshot shows the 'Service Facilities Available' search window with search results displayed. The table has columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The first row of results shows a 'select' button, a checkmark, and an information icon (I) to the left of the 'Service Facility Name' column. Arrow 1 points to the 'select' button, and arrow 2 points to the information icon. The text 'Facility information appears here' is visible in the row.

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

**5. Service Information**

Priority:	Diagnosis:	Service Facility:
Spines	Normal	724.1
Facility name		
Medical Review:	NDC:	Modifi...
Fusion, Thoracic Spine	Required to Submit	CPT: 22532
		Details: Details

**If criteria met:** Click “Finish.”

**Medical Review**

Patient: TestPatient1, Declan

**Fusion, Thoracic Spine**

InterQual®  
Version: RM13.2

Medical Review | InterQual® Clinical Evidence Summary | Clinical Revisions

Overview | Q1 | Q2 | Q3 | Q4 | **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Fusion, Thoracic Spine as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

- Fusion, Thoracic Spine

Question Source: Fusion, Thoracic Spine [~IQ6.01A... Last Updated: 03/31/2013 Last Literature Review: 03/31/2013

**View Printable Summary** **Finish**

**Results Comments (0)**

Add a Comment

Type here to enter comments...

Add Comment

Date | Time | Author

All Comments

Close

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Fusion, Thoracic Spine” (or appropriate requested item) if you wish the request to pend to the Health Plan for review (1). Click “Finish” (2).

Medical Review

Patient: TestPatient1, Declan

### Fusion, Thoracic Spine

InterQual  
Version: RM13.2

Medical Review | InterQual® Clinical Evidence Summary | Clinical Revisions

Overview | Q1 | Q2 | Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support Fusion, Thoracic Spine based on the information supplied.

**Recommended Actions:**

**Remove the following test(s):**

- ☒ Fusion, Thoracic Spine

**Alternative Action(s):**

- ☒ Continue with Fusion, Thoracic Spine
- ☒ Note: Proceeding with this test may require review by payer.

Question Source: Fusion, Thoracic Spine [~IQ6.01A... Last Updated: 03/31/2013 Last Literature Review: 03/31/2013

[View Printable Summary](#) [< Back](#) [Finish](#)

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date	Time	Author
------	------	--------

All Comments

Close

## Clear Coverage™ Spine Surgery Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

5. Service Information					
	Priority:	Diagnosis:	Service Facility:		
Spines	<input type="button" value="Normal"/>	<input type="button" value="724.1"/>	<input type="button" value="Facility name"/>		
	Medical Review:	NDC:	Modifi...	CPT:	Details:
Fusion, Thoracic Spine	<input checked="" type="checkbox"/> Completed				<input checked="" type="button" value="Details"/>

**Details for Fusion, Thoracic Spine**

1

Place of Service: \*

Referral Provider:

Referral Number:

Requested Number Of Units: \*

Requested Unit Type: \*

Frequency:

Frequency Type:

Duration:

Duration Type:

2.

3.

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

Click "Next."

The screenshot shows the 'Authorization Request' form. A large black arrow points to the 'Next >>' button at the bottom right of the main form area.

**Authorization Request**

**1. Patient Information**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan  
Group: 005000730001M004

**2. Requesting Information**

Date of Service: 04/21/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871

**3. Diagnosis**

Diagnosis	Description
724.1	PAIN IN THORACIC SPINE
738.4	ACQUIRED SPONDYLOLISTHESIS

**4. Service**

Spines

Medical Review: Completed  
NDC: 22532  
CPT: 22532

**5. Service Information**

Spines

Description: Fusion, Thoracic Spine  
Product: 13.2 Procedures  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 724.1  
NDC:

**6. Additional Notes**

**Next >>**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## Spine Surgery Authorization Entry Tips

### Accordion 6: Additional Notes

Enter all additional CPT codes in this section first. Next, add any additional clinical information and/or attach a note with supporting medical documentation (1). A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form. On the left, a sidebar contains a 'Patient Search' button and a list of tabs: '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. The '6. Additional Notes' tab is selected. A large text box is present, with a callout box containing the text: 'Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the "Add Notes/Attachments" button (2). To complete the authorization click the "Submit" button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.'

Below the text box is an 'Attachments (0):' section with a 'Browse' button. An arrow labeled '1.' points to this section. To the right of the text box is an 'Add Note / Attachments' button. An arrow labeled '2.' points to this button. At the bottom of the form, there is a 'Save & Print' button on the left, and 'Submit', 'Save', and 'Close' buttons on the right. An arrow labeled '3.' points to the 'Submit' button.

The right side of the form displays the 'Authorization Request' details. It includes fields for 'Date of Service' (04/21/2014), 'Facility' (Sample), 'Clinician' (LOCKWOOD, RICHARD), and 'Clinician NPI' (1922088871). Below this is a 'Diagnosis' section with a table:

Diagnosis	Description
724.1	PAIN IN THORACIC SPINE
738.4	ACQUIRED SPONDYLOLISTHESIS

Below the diagnosis table is a 'Service 1' section. It includes fields for 'Spines', 'Description' (Fusion, Thoracic Spine), 'Product' (13.2 Procedures), 'Coverage' (Prior Approval), 'Auth Dates', 'Primary ICD-9' (724.1), 'NDC', 'Requested Units/Type' (1 / Units), 'Medical Review' (Completed), 'Result', 'Version' (RM13.2), 'Service Provider' (Facility name), 'Facility Type' (Hospital), and 'Phone' (5852752121).

## Clear Coverage™

### Spine Surgery Authorization Entry Tips

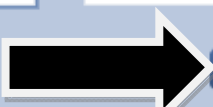
Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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




The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pended)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
SPINES	Fusion, Thoracic Spine	141080800014		Auth Pending	

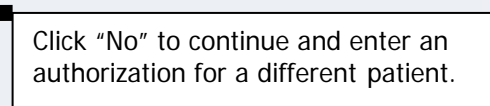
[View Request \(PDF\) >>](#) 

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses





## Clear Coverage™

### Spine Surgery Authorization Entry Tips

**Note:** Once your request is reviewed by the Health Plan, your office will receive verbal and written notification of the status. You may also refer to the Clear Coverage™ “Home” page or conduct an authorization search for the status of the request.

If the request is for an approved inpatient procedure, you will receive two authorization numbers:

- The first authorization number is for the procedure(s).
- The second authorization number is for the inpatient stay at the servicing facility.

If the request is for a denied inpatient procedure, you will receive one authorization number beginning with “M”.

If the request is for an approved or denied outpatient procedure, you will receive one authorization number beginning with “M”.



# Clear Coverage™

## TENS Unit Authorization Entry Tips

**Medicare:** review tool MUST be completed to provide clinical information to the Health Plan. These requests will pend until this information is reviewed.

**Commercial:** will auto approve if criteria is met.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

If the request is for **continued rental**, proceed to accordion 6 to attach a note (see page 18).

After searching for and selecting the patient, the Authorization Request Entry Box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot displays the 'Authorization Request' window. On the left, the '1. Patient Information' accordion is expanded, showing fields for First Name, MI, Last Name, DOB, Gender, Pay Type (with a 'Select Pay Type' button), Payer (Health Plan), Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' Two arrows point from this box to the 'Past Coverage' and 'Future Coverage' links. A white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the window shows the 'Authorization Request' form with sections for Patient Information, Requesting Information, Diagnosis, and Additional Notes. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

## TENS Unit Authorization Entry Tips

**Note: If the patient has dual coverage with the Health Plan, separate authorizations will need to be entered for each active policy.**

**The request for the second contract will always pend.**

Click "Select" for the correct coverage and correct effective dates.

	Plan	Product	Group	Effective Date	Expiration Date	Subscriber ID	Member Number	Payer
<b>select</b>	00011000	00632001		06/01/2014	05/31/2016		00	Health Plan
<b>select</b>	00011000	00632001		06/01/2016	12/31/2199		00	Health Plan

Click "Add to Request" to continue.

**Authorization Request**

**1. Patient Information**  
 First Name: Declan MI: Last Name: TestPatient1  
 DOB: 12/18/1972 Gender: Male

**Pay Type** **Select Pay Type** [Past Coverage](#) [Future Coverage](#)  
 Payer: Health Plan ✓  
 Designated Processor:  
 Subscriber: EXLTST001  
 Card ID:  
 Effective Date: 01/01/2013  
 Expiration Date: 12/31/2199  
 Member ID: 00  
 Relationship to Subscriber: Self  
 Plan: 00011001 - EHP-Medicare  
 Product: 00102004 - HMO-Medicare Blue Ch  
 Group: 005000730001M004 - Rochester General Health System-Rochester General

**Add to Request**

**2. Requesting Information**  
**3. Diagnosis**  
**4. Service**  
**5. Service Information**  
**6. Additional Notes**

**Additional Notes**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

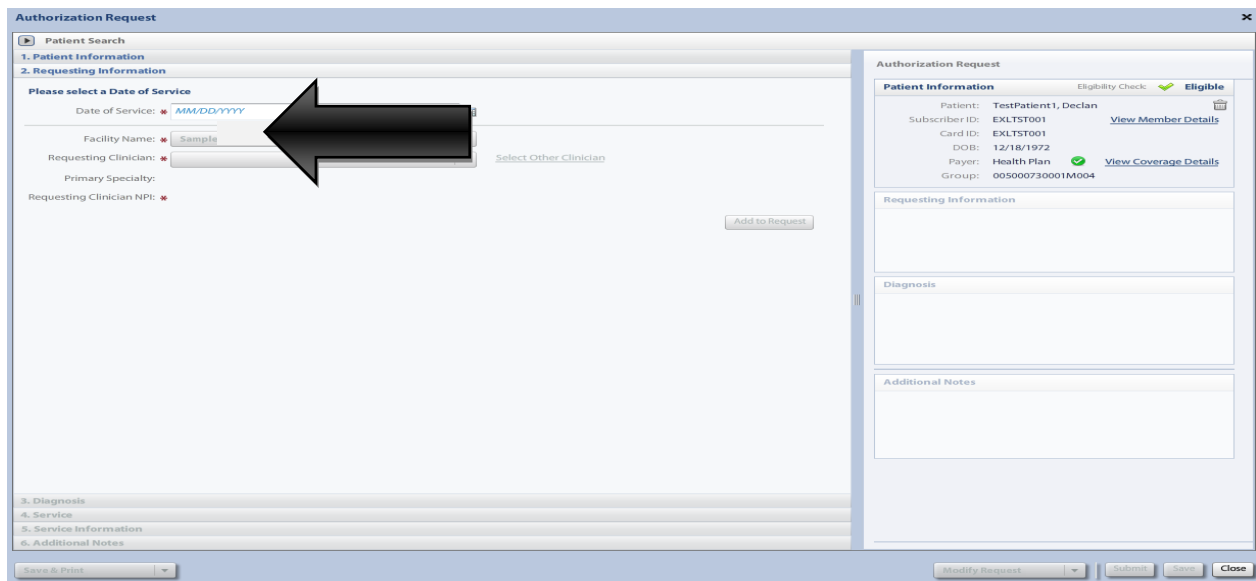
# Clear Coverage™

## TENS Unit Authorization Entry Tips

### Accordion 2: Requesting Information

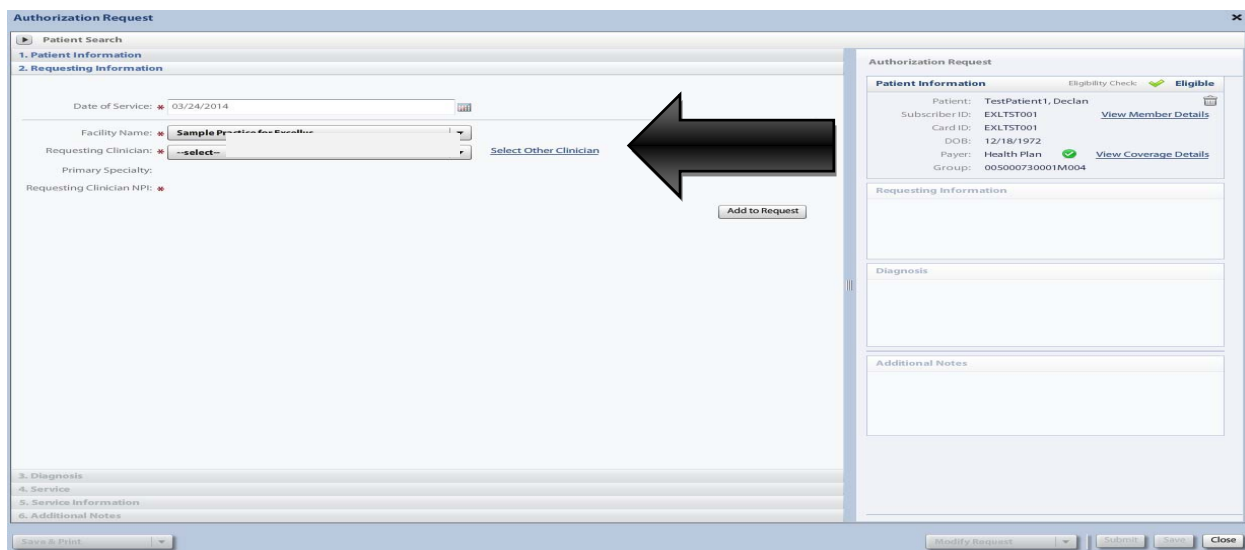
**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.



The screenshot shows the 'Authorization Request' window with the 'Requesting Information' section active. The 'Date of Service' is set to 'MM/DD/YYYY'. The 'Facility Name' is 'Sample'. The 'Requesting Clinician' is 'Sample'. The 'Primary Specialty' is 'Sample'. The 'Requesting Clinician NPI' is 'Sample'. A large black arrow points to the 'Facility Name' field. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is 'Eligible'. The 'Requesting Information' section is empty. The 'Diagnosis' and 'Additional Notes' sections are also empty. The bottom of the window has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, physical therapist or other provider. Click on "Select Other Clinician" to search.



The screenshot shows the 'Authorization Request' window with the 'Requesting Information' section active. The 'Date of Service' is '03/24/2014'. The 'Facility Name' is 'Sample Physician for Request'. The 'Requesting Clinician' is 'Sample Physician for Request'. The 'Primary Specialty' is 'Sample'. The 'Requesting Clinician NPI' is 'Sample'. A large black arrow points to the 'Requesting Clinician' field. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group. The 'Eligibility Check' is 'Eligible'. The 'Requesting Information' section is empty. The 'Diagnosis' and 'Additional Notes' sections are also empty. The bottom of the window has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

## Clear Coverage™ TENS Unit Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following components:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan. A radio button is located to the left of the first row.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' (checked), a 'Use Selected' button, and a 'Cancel' button.

Numbered callouts indicate the following steps:

1. Points to the search fields.
2. Points to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
3. Points to the radio button next to the first row in the table.
4. Points to the 'Use Selected' button.

# Clear Coverage™

## TENS Unit Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane is titled 'Patient Search' and has tabs for '1. Patient Information' and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open for the address field, showing two options: '1185 Sweethome Rd, Amherst, NY 14226, Identifier: 000000006519, Sequence: 2' and 'PO Box 17850, Rochester, NY 14617, Identifier: 000000006519, Sequence: 3'. A red callout box points to the first address with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the 'Sequence: 2' text with the text 'Select "Sequence: 2"'. The right pane is titled 'Authorization Request' and has a tab for 'Patient Information' which is active, showing patient details like 'TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', 'Product: 00102004 - HMO-Medicare Blue Ch', and 'Group: 005000730001M004 - Rochester General Ho'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom of the form are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## TENS Unit Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' are dropdown menus. The 'Primary Specialty' is 'Internal Medicine', 'Requesting Clinician NPI' is '1033181755', and 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right-hand panel. The right-hand panel, titled 'Authorization Request', contains a 'Patient Information' section with an 'Eligibility Check' status of 'Eligible'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom of the right-hand panel are buttons for 'Modify Request', 'Submit', 'Save', and 'Close'. The bottom of the main form has a 'Save & Print' button and a list of tabs: '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

Select Other Clinician

Add to Request

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close



# Clear Coverage™

## TENS Unit Authorization Entry Tips

- Enter CPT code
- Click the "Add to Request" button
- Click "Next"

[illegible]



# Clear Coverage™

## TENS Unit Authorization Entry Tips

### Accordion 5: Service Information

**Priority** - Normal (if request is urgent, call Customer Care)

**Diagnosis** - defaults to the primary diagnosis code that was entered in accordion 3

**Service Facility** - place of service (or provider/vendor)-see next page

The screenshot displays the 'Authorization Request' form. A black arrow points to the '5. Service Information' accordion, which is currently expanded. The form is divided into several sections: 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Service 1'. The 'Service Information' section includes fields for Priority (Normal), Diagnosis (724.2), Service Facility (Change), and Expiration Date (MM/DD/YYYY). Below these fields are buttons for 'Medical Review', 'NDC', 'Modifiers', 'CPT', and 'Details'. The 'Diagnosis' section shows a table with the diagnosis code 724.2 and description LUMBAGO. The 'Service 1' section shows the service description 'Transcutaneous Electrical Nerve Stimulation' and other details like Product (Custom), Coverage (Prior Approval), and Primary ICD-9 (724.2). The form also includes a 'Next >>' button and a 'Save & Print' button at the bottom.

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

TENS

Priority: Normal

Diagnosis: 724.2

Service Facility: Change

Expiration Date: MM/DD/YYYY

Medical Review: Required to Submit

NDC: Modifiers: E0720

CPT: Details

Transcutaneous Electrical Ner...

6. Additional Notes

Save & Print

Next >>

**Authorization Request**

Eligibility Check: Eligible

**Patient Information**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001 - EHP-Medicare

Product: 00102004 - HMO-Medicare Blue Ch

**Requesting Information** Complete

Date of Service: 02/02/2015

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871

**Diagnosis** Selected

Diagnosis	Description
724.2	LUMBAGO

**Service 1**

TENS

Description: Transcutaneous Electrical Nerve Stimulation

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 724.2

NDC:

Modify Request

Submit

Save

Close

# Clear Coverage™

## TENS Unit Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search interface. At the top, there are input fields for 'Name' and 'NPI', both with a double-headed arrow and the number '1.' pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with a double-headed arrow and the number '2.' pointing to it. The dropdown menu is open, showing options: 'All', 'In-Network', 'In-Plan' (highlighted), and 'Preferred Providers'. To the right of the dropdown is a 'Search' button with a double-headed arrow and the number '3.' pointing to it. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

The screenshot shows the 'Service Facilities Available' search interface after a search has been performed. The 'Name' and 'NPI' fields are now populated. The 'Facility Type' dropdown is set to 'In-Plan'. The 'Search' button is highlighted. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table has one row with a 'select' button in the first column and a checkmark in the second column. The rest of the row is greyed out and contains the text 'Provider info appears here'. A large double-headed arrow points to the 'select' button.

# Clear Coverage™

## TENS Unit Authorization Entry Tips

**Expiration Date:** For the **initial Trial request**, enter an expiration date of one month from the expected start date.

**NOTE:** If the patient already has an authorization entered into Clear Coverage™ for the trial, and you would like to request an authorization for purchase of the TENS unit, enter a new authorization request and set the expiration date to three months from the expected purchase start date.

If the request is for continued rental, a note will need to be added or attached. Do not change the expiration date in this field.

The screenshot shows the 'TENS' authorization entry form. The 'Expiration Date' field is highlighted with a black arrow. The form includes sections for Patient Search, Patient Information, Requesting Information, Diagnosis, Service, and Service Information. The 'TENS' section contains fields for Priority (Normal), Diagnosis (724.2), Service Facility (Facility/Vendor name), and Expiration Date (02/16/2015). Below these are tabs for Medical Review (Required to Submit), NDC, Modifiers, CPT (E0720), and Details.

**Medical Review:** Click on the Medical Review “Required to Submit” tab.

This screenshot shows the same form as above, but with the 'Medical Review' tab selected. A black arrow points to the 'Required to Submit' tab. The 'CPT' field now shows '--select--' instead of 'E0720'. The 'Details' tab is also visible.

# Clear Coverage™

## TENS Unit Authorization Entry Tips

Click "Next"

Medical Review

Patient: TestPatient1, Declan

**Transcutaneous Electrical Nerve Stimulation**

Type: Custom  
Version: RM12

Medical Review | Recommended Paths

Overview | Q1 | Results

**Transcutaneous Electrical Nerve Stimulation**

EHP Corporate Medical Policy Details:  
[https://www.excellusbcbs.com/wps/wcm/connect/b408fa48-7929-4a02-9e47-06fef1b9aace/mp+elec\\_stim+mpc3+12.pdf?MOD=AJPERES&CACHEID=b408fa48-7929-4a02-9e47-06fef1b9aace](https://www.excellusbcbs.com/wps/wcm/connect/b408fa48-7929-4a02-9e47-06fef1b9aace/mp+elec_stim+mpc3+12.pdf?MOD=AJPERES&CACHEID=b408fa48-7929-4a02-9e47-06fef1b9aace)

**View Printable Summary**

< Back **Next >**

Complete the review by answering each question and clicking "Next".

**Transcutaneous Electrical Nerve Stimulation**

Type: Custom  
Version: RM12

Medical Review | Recommended Paths

Overview | Q1 | Results

**Question 1: Is this request for; choose one:**

☒ TENS  
☐ PENS  
☐ PNT  
☐ TENS capable of delivering 3 separate modalities (TENS, IF-stim, NMES)  
☐ Other

Question Source: TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) (Custom) - EHP [be7f7f22-aa64-4723-ae1b-1d975...

**View Printable Summary**

< Back **Next >**

Indicates Not Applicable | **4** Indicates Suggested

**Question 1 Comments (0)**

Add a Comment

Type here to enter comments...

Add Comment

Date	Time	Author
------	------	--------

All Comments

Close

# Clear Coverage™

## TENS Unit Authorization Entry Tips

**If criteria met:** Click “Finish.”

The screenshot displays a 'Medical Review' window for a patient named 'TestPatient1, Declan'. The main title is 'Transcutaneous Electrical Nerve Stimulation'. The interface includes a 'Medical Review' tab and a 'Recommended Paths' tab. A progress bar at the top shows steps Q1 through Q6, with Q6 marked as 'Results: Criteria Met'. The main content area is divided into two sections: 'Result: Criteria Met' and 'Recommended Actions:'. The 'Result' section states 'Evidence supports Transcutaneous Electrical Nerve Stimulation as medically necessary.' The 'Recommended Actions' section lists 'Proceed with the following test(s):' followed by a radio button and the text 'Transcutaneous Electrical Nerve Stimulation'. On the right side, there is a 'Results Comments (0)' section with an 'Add a Comment' button and a text area for comments. Below this is a table with columns for 'Date', 'Time', and 'Author'. At the bottom, there are buttons for 'View Printable Summary', '< Back', and 'Finish'. A 'Close' button is located at the bottom right of the window.

Medical Review

Patient: TestPatient1, Declan

**Transcutaneous Electrical Nerve Stimulation** Type: Custom  
Version: RM12

Medical Review Recommended Paths

Overview Q1 Q2 Q3 Q4 Q5 Q6 **Results: Criteria Met**

**Result: Criteria Met**

Evidence supports Transcutaneous Electrical Nerve Stimulation as medically necessary.

**Recommended Actions:**

Proceed with the following test(s):

☐ Transcutaneous Electrical Nerve Stimulation

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

View Printable Summary < Back Finish

All Comments

Close

# Clear Coverage™

## TENS Unit Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under Alternative Action(s) to “Continue with Transcutaneous Electrical Nerve Stimulation” if you wish the request to pend to the Health Plan for review.

Medical Review

Patient: TestPatient1, Declan

### Transcutaneous Electrical Nerve Stimulation

Type: Custom  
Version: RM12

Medical Review Recommended Paths

Overview Q1 Q2 Q3 Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support Transcutaneous Electrical Nerve Stimulation based on the information supplied.

**Recommended Actions:**

Remove the following test(s):

- ☒ Transcutaneous Electrical Nerve Stimulation

**Alternative Action(s):**

- ☐ Continue with Transcutaneous Electrical Nerve Stimulation
- ☒ Note: Proceeding with this test may require review

Question Source: TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) (Custom) - E... ae7f7f22-aa64-4723-ae1b-1d975...

View Printable Summary

< Back Finish

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

All Comments

Close

2. Click “Finish.”

# Clear Coverage™

## TENS Unit Authorization Entry Tips

### Modifiers:

Click "Modifiers" tab

The screenshot shows the '5. Service Information' form. The 'TENS' section is active. The 'Priority' is set to 'Normal'. The 'Diagnosis' is '724.2'. The 'Service Facility' is 'Empi Inc'. The 'Expiration Date' is '02/16/2015'. The 'Medical Review' is 'Completed'. The 'Modifiers' tab is selected, showing a dropdown menu with 'Modifiers' and 'Details' options. An arrow points to the 'Modifiers' dropdown menu.

- Click "dropdown arrow"
- Choose:
  - NU – Purchase OR
  - RR – Rental
- Click "OK"

The screenshot shows the 'Modifiers for Transcutaneous Electrical Nerve Stimulation' dialog box. The 'Rental or Purchase' dropdown menu is open, showing options: 'NU - Purchase' and 'RR - Rental'. The 'OK' and 'Cancel' buttons are at the bottom.

**CPT:** Choose the correct CPT code from the drop down menu:

The screenshot shows the '5. Service Information' form. The 'TENS' section is active. The 'Priority' is set to 'Normal'. The 'Diagnosis' is '724.2'. The 'Service Facility' is 'Empi Inc'. The 'Expiration Date' is '02/16/2015'. The 'Medical Review' is 'Completed'. The 'CPT' dropdown menu is open, showing options: 'E0730', 'E0720', 'E0731', and 'E0770'. A callout box points to the 'CPT' dropdown menu with the text 'CPT code'.

# Clear Coverage™

## TENS Unit Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

**5. Service Information**

TENS

Priority: **Normal** | Diagnosis: **724.2** | Service Facility: **Facility/Vendor name** | Expiration Date: **02/16/2015**

Transcutaneous Electrical Ner... | Medical Review: **Completed** | NDC: | Modifiers: **Modifiers** | CPT: | Details: **Details**

**DETAILS**

**Details for Transcutaneous Electrical Nerve Stimulation**

Place of Service: \* **12 - Home**

Referral Provider: **--select--**

Referral Number:

Requested Number Of Units: \* **1**

Requested Unit Type: \* **--select--**

Frequency: **Months**

Frequency Type: **--select--**

Duration:

Duration Type: **--select--**

**Unit Type:**  
Trial = 1 Month  
Purchase = 1 Unit

**OK** **Cancel**



# Clear Coverage™

## TENS Unit Authorization Entry Tips

Click "Next"

The screenshot shows the 'Authorization Request' form. The left pane displays the '5. Service Information' section for 'TENS'. The right pane shows a summary of the request, including Patient Information, Requesting Information, Diagnosis, and Service 1 details. A large black arrow points from the bottom of the left pane to the 'Next >>' button.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**TENS**

Priority: **Normal** | Diagnosis: **724.2** | Service Facility: **Empi Inc** | Expiration Date: **02/16/2015**

Transcutaneous Electrical Ner... | **Completed** | **Modifiers** | **E0730** | **Details**

**6. Additional Notes**

**Authorization Request**

**Patient Information** | Eligibility Check: **Eligible**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan: 00011001 - EHP-Medicare  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 005000730001M004 - Rochester General Hos

**Requesting Information** | **Complete**

Date of Service: 01/16/2015  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 | [View Clinician Details](#)

**Diagnosis** | **Selected**

Diagnosis	Description
724.2	LUMBAGO

**Service 1**

**TENS**

Description: **Transcutaneous Electrical Nerve Stimulation**  
Product: Custom  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 724.2  
NDC:

**Next >>**

**Save & Print** | **Modify Request** | **Submit** | **Save** | **Close**

# Clear Coverage™

## TENS Unit Authorization Entry Tips

### Accordian 6: Additional Notes

If the request is for a Medicare product or if criteria was not met, or if the request is for continued rental, enter additional information and/or attach a note with supporting medical documentation (1).

A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form with a left-hand accordion menu and a main content area. The accordion menu has six items: Patient Search, 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, 5. Service Information, and 6. Additional Notes. The 'Additional Notes' section is expanded, showing a text area with a 4000 character limit and an 'Add Note / Attachments' button. Annotations are placed on the form: '1.' points to the 'Browse' button in the 'Attachments (0):' section; '2.' points to the 'Add Note / Attachments' button; and '3.' points to the 'Submit' button in the bottom right corner. The main content area displays patient information, requesting information, diagnosis, and service details.

**Authorization Request**

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Additional Notes:

Type additional comments and supporting documentation here as needed

Additional clinical information can be added here.  
You may copy/paste from another document.  
There is a 4000 character limit.

Once all documentation is completed click on the  
"Add Notes/Attachments" button (2).

To complete the authorization click the "Submit"  
button (3). If the Submit button is gray, it is  
inactive. Hover the cursor over the button and a  
pop-up box will appear to explain what additional  
items need to be completed in order to submit the  
authorization request.

Attachments (0):

68 of 4000

**Authorization Request**

Eligibility Check: ☒ Eligible

**Patient Information**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001  
Card ID:  
DOB: 12/18/1972  
Payer: Health Plan  
Plan: 00011001 - EHP-Medicare  
Product: 00102004 - HMO-Medicare Blue Ch  
Group: 005000730001M004 - Rochester General Hos

**Requesting Information** ☒ Complete

Date of Service: 01/16/2015  
Facility: Sampl  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ☒ Selected

Diagnosis	Description
724.2	LUMBAGO

**Service 1**

TENS

Description: Transcutaneous Electrical Nerve Stimulation  
Product: Custom  
Coverage: Prior Approval  
Auth Dates:  
Primary ICD-9: 724.2  
NDC:

## Clear Coverage™

### TENS Unit Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:




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





The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pending)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

The following requests have been submitted. They can now be  from the se  en. 


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
TENS	Transcutaneous Electrical Nerve Stimulation	150210700004		 Auth Pending	

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

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses



Click "No" to continue and enter an authorization for a different patient.

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

**Medicare:** review tool MUST be completed to provide clinical information to the Health Plan. Medicare requests will pend until this information is reviewed.

**Commercial:** will auto approve if criteria is met. Exception: CPT codes for cosmetic procedures will pend for review.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' window. On the left, the 'Patient Search' section includes fields for First Name, MI, Last Name, DOB, and Gender. Below these is the 'Pay Type' section with a 'Select Pay Type' button. A large black arrow points to this button. The 'Payer' is listed as 'Health Plan' with a green checkmark. Other fields include Designated Processor, Subscriber, Card ID, Effective Date (06/01/2014), Expiration Date (05/31/2016), Member ID (00), Relationship to Subscriber (Self), Plan (00011000 - EHP-Commercial), Product (00632001), and Group. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' An arrow points from this box to the 'Past Coverage' link. Another arrow points from a text box on the right to the 'Future Coverage' link. The text box on the right says: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The right side of the window contains a sidebar with sections: 'Patient Information', 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom, there are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

### Authorization Request

**Patient Search**

**1. Patient Information**

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

---

**Pay Type** Select Pay Type Past Coverage | Future Coverage

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXTTST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Rochester General Hospital**

**Add to Request**

---

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Authorization Request**

**Patient Information**

**Requesting Information**

**Diagnosis**

**Additional Notes**

Save & Print Modify Request Submit Save Close

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' form with the 'Requesting Information' section active. The 'Date of Service' is set to 'MM/DD/YYYY'. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' and 'Requesting Clinician NPI' are also dropdown menus. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group, along with an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is similar to the previous one, but with a large black arrow pointing to the 'Requesting Clinician' dropdown menu. The 'Date of Service' is now set to '03/24/2014'. The 'Facility Name' is set to 'Sampl'. The 'Requesting Clinician' dropdown shows '--select--'. The 'Add to Request' button is still present. The right sidebar remains the same, showing 'Patient Information' and 'Eligibility Check' status.

# Clear Coverage™

Enter the search parameters and place a check in the “Show” box (1). The provider can be saved to the preferred provider list (2). Select the provider using the radio button (3), then click the “Use Selected” button (4).

[illegible]

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane has tabs for 'Patient Search', '1. Patient Information', and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open for the 'Facility Name' field, showing two addresses. A red box with white text says 'Ensure that both the address and facets number are correct' with an arrow pointing to the first address. A white box with black text says 'Select "Sequence: 2"' with an arrow pointing to the same address. The right pane shows 'Patient Information' (Eligibility Check: Eligible), 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The bottom of the form has buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

**Authorization Request**

**Patient Search**

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: [Dropdown]

Requesting Clinician: [Dropdown] [Select Other Clinician](#)

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

**Facility Name Dropdown:**

- 1185 Sweethome Rd  
Amherst, NY 14226  
Identifier: 000000006519  
Sequence: 2
- PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

**Authorization Request**

**Patient Information** Eligibility Check: ✔ Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000720001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Save & Print

Modify Request

Submit Save Close



# Clear Coverage™

## Varicose Vein Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' form. On the left, under '2. Requesting Information', the following fields are visible: 'Date of Service' (08/31/2015), 'Facility Name' (dropdown), 'Requesting Clinician' (dropdown with a 'Select Other Clinician' link), 'Primary Specialty' (Internal Medicine), 'Requesting Clinician NPI' (1033181755), and 'Clinician Location' (1185 Sweethome Rd). A large black arrow points from the 'Add to Request' button in this section to the right-hand panel. The right-hand panel, titled 'Authorization Request', contains a 'Patient Information' section with an 'Eligibility Check' status of 'Eligible'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. The bottom of the form features a 'Save & Print' button on the left and 'Modify Request', 'Submit', 'Save', and 'Close' buttons on the right.

Patient Information	
Patient:	TestPatient1, Declan
Subscriber ID:	EXLTST001
Card ID:	
DOB:	12/18/1972
Payer:	Health Plan
Plan:	00011001
Product:	00102004 - HMO-Medicare Blue Ch
Group:	005000730001M004 - Rochester General Hos

Requesting Information	
Facility Name:	
Requesting Clinician:	
Primary Specialty:	Internal Medicine
Requesting Clinician NPI:	1033181755
Clinician Location:	1185 Sweethome Rd

**Add to Request**

Diagnosis	
ICD-9-CM:	
ICD-10-CM:	

Additional Notes	
Notes:	

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

[illegible]



# Clear Coverage™

## Varicose Vein Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility = place of service

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

Priority:

Normal

Diagnosis:

454.8

Service Facility:

Change

	Medical Review:	NDC:	Modifi...	CPT:	Details:
Veins					
endoven abltj incmptnt v...	Required to Submit		Modifiers	36475	Details
Injection Therapy Of Vein	Required to Submit		Modifiers	36471	Details

Next >>

6. Additional Notes

Save & Print

Authorization Request

Patient Information

Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001 [View Member Details](#)

Card ID: EXLTST001

DOB: 12/18/1972

Payer: Health Plan View Coverage Details

Group: 005000730001M004

Requesting Information

Complete

Date of Service: 04/07/2014

Facility: Sample

Clinician: LOCKWOOD, RICHARD

Clinician NPI: 1922088871 [View Clinician Details](#)

Diagnosis

Selected

Diagnosis	Description
454.8	VARICOSE VEINS OF THE LOWER EXTREMITIES

Service 1

Veins

Description: endoven abltj incmptnt vein xtr laser 1st vein

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 454.8

Modify Request

Submit

Save

Close

# Clear Coverage™

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the "Service Facilities Available" interface. At the top, there's a header bar with the title "Service Facilities Available" and a close button (X). Below the header, there's a section labeled "Current Service Facility:" containing two input fields: "Name" and "NPI". A large black arrow labeled "1." points from the "Name" field towards the "In-Plan" dropdown menu. The "In-Plan" dropdown menu is open, showing options: "All", "In-Network", "In-Plan" (highlighted), and "Preferred Providers". A large black arrow labeled "2." points upwards at the bottom of the dropdown menu. To the right of the dropdown is a yellow "Search" button. A large black arrow labeled "3." points from the "Search" button towards the left. Below the search area is a table with columns: "Preferred", "Service Facility Name", "Service Facility Address", "Facility Type", "Member", and "NPI". The table body contains multiple rows with alternating light green and white background colors.

When the results display, select the appropriate provider.

Service Facilities Available

Current Service Facility: Cayuga Medical Center Convenient Care Ctr

Name

Facility Type

NPI

In-Plan

Search

Clear

Search Results: Service Facilities

1

	Preferred	Service Facility Name	Service Facility Address	Facility Type	Network	Phone Number	NPI
select	<input type="checkbox"/>	Facility/Provider information appears here					
select	<input type="checkbox"/>						
select	<input type="checkbox"/>						
select	<input type="checkbox"/>						
select	<input type="checkbox"/>						
select	<input type="checkbox"/>						
select	<input type="checkbox"/>						

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

5. Service Information					
Priority:	Diagnosis:	Service Facility:			
Veins	Normal	454.8	Facility name		
Medical Review:	NDC:	Modifi...	CPT:	Details:	
endoven abltj	Required to Submit	Modifiers	36475	Details	
Injection Therapy Of Vein	Required to Submit	Modifiers	36471	Details	

**NOTE:** If criteria is met and the “Recommended Actions” is to proceed with the following test(s)-skip to page 12

If criteria is met and the “Recommended Actions” is to “Remove the following test(s)”:

Medical Review

Patient: TestPatient6, Olivia

endoven abltj incmptnt vein xtr laser 1st vein

Type: Custom  
Version: RM13

Medical Review

Overview Q1 Q2 Q3 Q4 Q5

Results: Criteria Met

Result: Criteria Met

Evidence supports endoven abltj incmptnt vein xtr laser 1st vein as medically necessary.

Recommended Actions:

Remove the following test(s):

☒ Injection Therapy Of Vein

Alternative Action(s):

☐ Continue with endoven abltj incmptnt vein xtr laser 1st vein  
☒ Note: Proceeding with this test may require review by the payer.

Question Source: VARICOSE VEINS TREATMENT (Custom) - EHP [24d84e44-c3ee-45a9-9526-f59fbb88d590] Guideline

View Printable Summary

< Back Finish

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

All Comments

Close

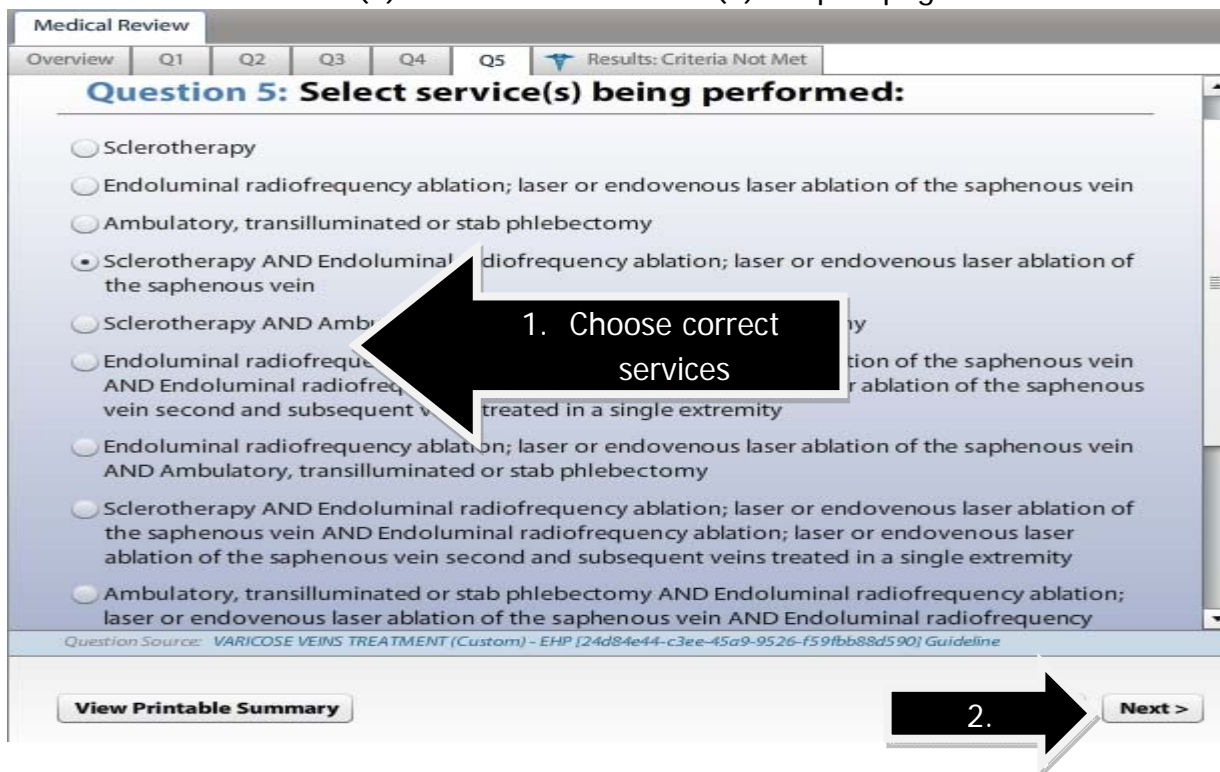
# Clear Coverage™

## Varicose Vein Authorization Entry Tips

Return to "Q5" to ensure that you have chosen the correct services to be performed.



Click on correct services (1) and then click "Next" (2). Skip to page 14.



# Clear Coverage™

## Varicose Vein Authorization Entry Tips

If criteria is met and the “Recommended Actions” is to proceed with the following test(s):

Click “Finish.” Skip to page 14

The screenshot displays a 'Medical Review' window for a patient named 'TestPatient6, Olivia'. The review title is 'endoven abltj incmptnt vein xtr laser 1st vein'. The interface includes a tabbed menu with 'Overview', 'Q1', 'Q2', 'Q3', 'Q4', 'Q5', and 'Results: Criteria Met'. The 'Results: Criteria Met' tab is active, showing a green checkmark and the text 'Result: Criteria Met'. Below this, it states 'Evidence supports endoven abltj incmptnt vein xtr laser 1st vein as medically necessary.' The 'Recommended Actions' section, also marked with a green checkmark, lists 'Proceed with the following test(s):' and includes a radio button for 'Injection Therapy Of Vein and endoven abltj incmptnt vein xtr laser 1st vein'. On the right side, there is a 'Results Comments (0)' section with an 'Add a Comment' button and a text area. At the bottom, there is a 'View Printable Summary' button and a 'Finish' button, which is highlighted by a large black arrow. The 'Close' button is located at the bottom right of the window.



# Clear Coverage™

## Varicose Vein Authorization Entry Tips

### If criteria not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under alternative action to "Continue with endoven abltj incmptnt vein xtr laser 1st vein" (or appropriate requested item) if you wish the request to pend to the Health Plan for review (1).

Medical Review

Patient: TestPatient1, Declan

**endoven abltj incmptnt vein xtr laser 1st vein** Type: Custom  
Version: RM13

Medical Review

Overview Q1 Q2 Q3 Q4 Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support endoven abltj incmptnt vein xtr laser 1st vein based on the information supplied.

**Recommended Actions:**

**Remove the following test(s):**

- ☒ endoven abltj incmptnt vein xtr laser 1st vein and Injection Therapy Of Vein

**Alternative Action(s):**

- ☐ Continue with endoven abltj incmptnt vein xtr laser 1st vein
- ☒ Note: Proceeding with this test may require review by the payor

Question Source: VARICOSE VEINS TREATMENT (Custom) - EHP [24d84e44-c3ee-45a9-9526-f59fbb88d5] Guideline

**View Printable Summary** < Back Finish

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

Close

Save & Print

Save Close

2. Click "Finish."

## Clear Coverage™

### Varicose Vein Authorization Entry Tips

**Modifiers:** Click on the modifier tab (if there is more than one tab you must open and complete each tab).

5. Service Information					
	Priority:	Diagnosis:	Service Facility:		
Veins	Normal	454.8	Facility name		
	Medical Review:	NDC:	Modifi...	CPT:	Details:
endoven abltj incmptnt v...	Completed		Modifiers	36475	Details
Injection Therapy Of Vein	Completed		Modifiers	36471	Details

Click on the drop down arrow and select if the procedure will be performed on the right, left or bilateral (1). Click "OK" (2).

Modifiers for endoven abltj incmptnt vein xtr laser 1st vein

Left or Right or Bilateral: \* --select--

- 50 - Bilateral
- LT - Left
- RT - Right

OK Cancel

NOTE: Repeat above process until all "Modifiers" tabs have been completed.

Ensure the correct CPT code is populated from the drop down menu:

5. Service Information					
	Priority:	Diagnosis:	Service Facility:		
Veins	Normal	454.8	Facility name		
	Medical Review:	NDC:	Modifi...	CPT:	Details:
endoven abltj incmptnt v...	Completed		Modifiers	36475	Details
Injection Therapy Of Vein	Completed		Modifiers	36471	Details

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

**Details section:** Must select: (1) Place of Service, (2) Requested Number of Units and Requested Unit Type. Click the "OK" button (3).

**5. Service Information**

	Priority:	Diagnosis:	Service Facility:
Veins	Normal	454.8	Facility name
endoven abltj incmptnt v...	Medical Review:  Completed	NDC:	Modifi... CPT: 36475 Details:  Details
Injection Therapy Of Vein	Medical Review:  Completed	NDC:	Modifi... CPT: 36471 Details:  Details

DETAILS

**Details for endoven abltj incmptnt vein xtr laser 1st vein**

Place of Service: \* --select--

Referral Provider: --select--

Referral Number:

Requested Number Of Units: \*

Requested Unit Type: \* --select--

Frequency:

Frequency Type: --select--

Duration:

Duration Type: --select--

1.

2.

3.

OK Cancel

**NOTE:** If you selected "bilateral" as a modifier, you must request **two** units.

**NOTE:** Repeat above process until all "Details" tabs have been completed.

Click "Next."

**5. Service Information**

	Priority:	Diagnosis:	Service Facility:
Veins	Normal	456.8	
endoven abltj incmptnt v...	Medical Review:  Completed	NDC:	Modifi... CPT: 36475 Details: Details
Injection Therapy Of Vein	Medical Review:  Completed	NDC:	Modifi... CPT: 36471 Details: Details

6. Additional Notes

Next >>

# Clear Coverage™

## Varicose Vein Authorization Entry Tips

### Accordian 6: Additional Notes

If criteria was not met, or if this is a Medicare patient, enter additional information and/or attach a note with supporting medical documentation (1).

A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form with a left-hand navigation pane and a main content area. The left pane has tabs for Patient Search, Patient Information, Requesting Information, Diagnosis, Service, Service Information, and Additional Notes. The main area is divided into two sections: 'Authorization Request' and 'Service 2'. The 'Authorization Request' section contains fields for Medical Review (Completed), Result (Criteria Met), Version (RM13), Service Provider (Provider), Facility Type (with a 'View Facility Details' link), and Phone (6072744011). The 'Service 2' section contains fields for Veins, Description (Injection Therapy Of Vein), Product (Custom), Coverage (Prior Approval), Auth Dates, Primary ICD-9 (454.8), NDC, Left or Right or Bilateral (RT - Right), Requested Units/Type (1 / Units), Medical Review (Completed), Result (Criteria Met), Version (RM13), Service Provider (Facility name), Facility Type (with a 'View Facility Details' link), and Phone (6072744011). At the bottom left, there is a 'Save & Print' button and an 'Attachments (0): Browse' button. At the bottom right, there are 'Submit', 'Save', and 'Close' buttons. Three numbered arrows point to specific elements: Arrow 1 points to the 'Browse' button; Arrow 2 points to the 'Add Note / Attachments' button; Arrow 3 points to the 'Submit' button.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

3. Diagnosis

4. Service

5. Service Information

6. Additional Notes

Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the "Add Notes/Attachments" button (2). To complete the authorization click the "Submit" button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0):

1.

2.

3.

Authorization Request

Medical Review: Completed

Result: Criteria Met

Version: RM13

Service Provider:

Facility Type: [View Facility Details](#)

Phone: 6072744011

Service 2

Veins

Description: [Injection Therapy Of Vein](#)

Product: Custom

Coverage: Prior Approval

Auth Dates:

Primary ICD-9: 454.8

NDC:

Left or Right or Bilateral: RT - Right

Requested Units/Type: 1 / Units

Medical Review: Completed

Result: Criteria Met

Version: RM13

Service Provider:

Facility Type: [View Facility Details](#)

Phone: 6072744011

## Clear Coverage™

### Varicose Vein Authorization Entry Tips


Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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



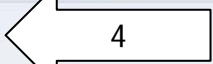
The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pending)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
VEINS	endoven abltj incmptnt vein xtr laser 1st vein Injection Therapy Of Vein	140930800022		Auth Pending	

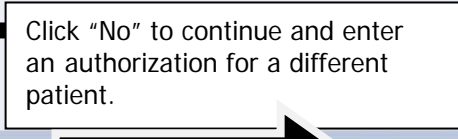
[View Request \(PDF\) >>](#) 

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses





# Clear Coverage™

## Wheelchair Authorization Entry Tips

**Medicare:** review tool MUST be completed to provide clinical information to the Health Plan. Medicare requests will pend until this information is reviewed.

**Commercial:** will auto approve if criteria is met.

**EXCEPTION:** power wheelchairs, pediatric wheelchairs and requests with accessories. Review tool MUST be completed to provide clinical information to the Health Plan. Requests will pend until this information is reviewed.

NOTE: If the request pends, the provider needs to send supporting documentation within the Clear Coverage™ tool (Accordion 6).

After searching for and selecting the patient, the Authorization Request entry box will display.

### Accordion 1: Patient Information

Review information. Click on the "Select Pay Type" button. Check pay type for dual coverage and/or future coverage (a change in the effective date of the policy).

The screenshot shows the 'Authorization Request' form with the 'Patient Information' section active. A large black arrow points to the 'Select Pay Type' button. A red box with white text states: 'The past coverage link is not an active link. Call Customer Care for any authorization requests that require the use of an expired policy.' A white box with black text states: 'If the member has future coverage (change in policy), the "Future Coverage" link will be active.' The form includes fields for First Name, MI, Last Name, DOB, Gender, Pay Type, Payer, Designated Processor, Subscriber, Card ID, Effective Date, Expiration Date, Member ID, Relationship to Subscriber, Plan, Product, and Group. The 'Future Coverage' link is highlighted in blue. The form also has sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'.

# Clear Coverage™

**The request for the second contract will always pend.**

[illegible]

**Authorization Request**

**Patient Search**

**1. Patient Information**

First Name: **Declan** MI: Last Name: **TestPatient1**

DOB: **12/18/1972** Gender: **Male**

**Pay Type** **Select Pay Type** [Past Coverage](#) [Future Coverage](#)

Payer: **Health Plan** ✓

Designated Processor:

Subscriber: **EXLTST001**

Card ID:

Effective Date: **01/01/2013**

Expiration Date: **12/31/2199**

Member ID: **00**

Relationship to Subscriber: **Self**

Plan: **00011001 - EHP-Medicare**

Product: **00102004 - HMO-Medicare Blue Ch**

Group: **005000730001M004 - Rochester General**

**Add to Request**

**2. Requesting Information**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

**Authorization Request**

**Patient Information**

**Requesting Information**

**Diagnosis**

**Additional Notes**

**Save & Print** **Modify Request** **Submit** **Save** **Close**

# Clear Coverage™

## Wheelchair Authorization Entry Tips

### Accordion 2: Requesting Information

**Date of Service** - date range: can backdate up to 5 days, or go forward 90 days.

**Facility Name** = defaults to the Facets ID and NPI information that is associated with the provider currently logged into Clear Coverage™.

The screenshot shows the 'Authorization Request' form with the 'Requesting Information' section active. The 'Date of Service' is set to MM/DD/YYYY. The 'Facility Name' is a dropdown menu. The 'Requesting Clinician' is a dropdown menu with a 'Select Other Clinician' link. The 'Primary Specialty' and 'Requesting Clinician NPI' are also dropdown menus. The 'Add to Request' button is visible. The right sidebar shows 'Patient Information' with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group, along with an 'Eligibility Check' status of 'Eligible'.

**Requesting Clinician** = Ordering **PHYSICIAN**. Do NOT enter a nurse practitioner, physician assistant, therapist or other provider. Click on "Select Other Clinician" to search.

This screenshot is similar to the previous one, but with a large black arrow pointing to the 'Requesting Clinician' dropdown menu. The 'Date of Service' is now set to 03/24/2014. The 'Facility Name' is set to 'Sampl'. The 'Requesting Clinician' dropdown shows '--select--'. The 'Add to Request' button is still present. The right sidebar remains the same, showing 'Patient Information' and 'Eligibility Check' status.



## Clear Coverage™ Wheelchair Authorization Entry Tips

Enter the search parameters (1).

The provider can be saved to the preferred provider list (2).

Select the provider using the radio button (3) then click the “Use Selected” button(4).

The screenshot shows a 'Provider Search' window with the following elements:

- Search Fields:** Organization / Last Name (lockwood), First Name (richard), ID Type (dropdown), ID (text field), In Plan (dropdown), Search, and Clear buttons.
- Table:** A table with columns: Provider Name, NPI, Primary Specialty, and Network. The first row is highlighted in green and contains: LOCKWOOD, RICHARD, 1922088871, Internal Medicine, and In Plan. A radio button is located to the left of the first row.
- Footer:** A checkbox labeled 'Add Selected to Preferred Clinicians / Organizations List' (checked), a 'Use Selected' button, and a 'Cancel' button.

Numbered callouts indicate the following steps:

1. Points to the search fields.
2. Points to the 'Add Selected to Preferred Clinicians / Organizations List' checkbox.
3. Points to the radio button next to the first row in the table.
4. Points to the 'Use Selected' button.

# Clear Coverage™

## Wheelchair Authorization Entry Tips

Click the dropdown arrow and select the **"Sequence: 2"** address that corresponds correctly with your assigned "Identifier" number (Facets number) and address.

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

The screenshot shows the 'Authorization Request' form. The left pane is titled 'Patient Search' and has tabs for '1. Patient Information' and '2. Requesting Information'. The '2. Requesting Information' tab is active, showing fields for 'Date of Service' (08/31/2015), 'Facility Name', 'Requesting Clinician', 'Primary Specialty' (Internal Medicine), and 'Requesting Clinician NPI' (1033181755). A dropdown menu is open below these fields, showing two address entries. The first entry is '1185 Sweethome Rd, Amherst, NY 14226' with 'Identifier: 000000006519' and 'Sequence: 2'. The second entry is 'PO Box 17850, Rochester, NY 14617' with 'Identifier: 000000006519' and 'Sequence: 3'. A red callout box points to the first entry with the text 'Ensure that both the address and facets number are correct'. A white callout box points to the 'Sequence: 2' text with the text 'Select "Sequence: 2"'. The right pane is titled 'Authorization Request' and has a tab for 'Patient Information' which is active, showing patient details like 'TestPatient1, Declan', 'Subscriber ID: EXLTST001', 'Card ID', 'DOB: 12/18/1972', 'Payer: Health Plan', 'Plan: 00011001', 'Product: 00102004 - HMO-Medicare Blue Ch', and 'Group: 005000730001M004 - Rochester General Ho'. Below this are sections for 'Requesting Information', 'Diagnosis', and 'Additional Notes'. At the bottom of the form are buttons for 'Save & Print', 'Modify Request', 'Submit', 'Save', and 'Close'.

Authorization Request

Patient Search

1. Patient Information

2. Requesting Information

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Add to Request

Ensure that both the address and facets number are correct

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

PO Box 17850  
Rochester, NY 14617  
Identifier: 000000006519  
Sequence: 3

Select "Sequence: 2"

Authorization Request

Patient Information Eligibility Check: Eligible

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Ho

Requesting Information

Diagnosis

Additional Notes

Save & Print

Modify Request

Submit

Save

Close

# Clear Coverage™

## Wheelchair Authorization Entry Tips

Click “Add to Request” to add this information to the authorization request “cart” that is located on the right side of the screen.

The screenshot displays the 'Authorization Request' interface. On the left, the '1. Patient Information' and '2. Requesting Information' tabs are active. The 'Date of Service' is set to 08/31/2015. The 'Facility Name' and 'Requesting Clinician' fields are empty. The 'Primary Specialty' is 'Internal Medicine', and the 'Requesting Clinician NPI' is 1033181755. The 'Clinician Location' is '1185 Sweethome Rd'. A large black arrow points from the 'Add to Request' button to the right. The right side of the screen shows a sidebar with 'Patient Information' (Eligibility Check: Eligible), 'Requesting Information', 'Diagnosis', and 'Additional Notes' sections. The bottom of the screen has a 'Save & Print' button and a 'Modify Request' dropdown menu with 'Submit', 'Save', and 'Close' buttons.

**Authorization Request**

**1. Patient Information**

**2. Requesting Information**

Date of Service: 08/31/2015

Facility Name: \*

Requesting Clinician: \*

Primary Specialty: Internal Medicine

Requesting Clinician NPI: 1033181755

Clinician Location: 1185 Sweethome Rd

[Select Other Clinician](#)

**Add to Request**

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan

Subscriber ID: EXLTST001

Card ID:

DOB: 12/18/1972

Payer: Health Plan

Plan: 00011001

Product: 00102004 - HMO-Medicare Blue Ch

Group: 005000730001M004 - Rochester General Hos

**Requesting Information**

**Diagnosis**

**Additional Notes**

**3. Diagnosis**

**4. Service**

**5. Service Information**

**6. Additional Notes**

Save & Print

Modify Request

Submit Save Close

# Clear Coverage™

## Wheelchair Authorization Entry Tips

Add the patient's diagnosis(es). Check the Billable column (1) to ensure you are entering a billable code. This will be indicated by a green checkmark. Click the "Add to Request" button (2). Multiple diagnoses can be added to the request. Enter the primary diagnosis first. Once the diagnosis(es) have been added click "Next."

[illegible]

# Clear Coverage™

Enter CPT code.

**NOTE:** adding codes for additional accessories will cause the authorization request to pend to the Health Plan for medical review.

**Process exception:** When requesting the code **K0108** for **MANUAL** wheelchairs, do not add the code in accordion 4. This code will need to be added to the request later in the authorization process. Complete the authorization request process and then refer to page 15-16 of this document for instructions about adding code K0108 to the request.

- Click the "Add to Request" button, then click "Next."

[illegible]

# Clear Coverage™

## Wheelchair Authorization Entry Tips

### Accordion 5: Service Information

Priority - Normal (if request is urgent, call Customer Care)

Diagnosis - defaults to the primary diagnosis code that was entered in accordion 3

Service Facility = place of service (or provider/vendor)

The screenshot displays the 'Authorization Request' form. On the left, a sidebar contains a 'Patient Search' button and a list of accordions: 1. Patient Information, 2. Requesting Information, 3. Diagnosis, 4. Service, and 5. Service Information (which is currently selected). The main content area is divided into two panels. The left panel, titled 'Service Information', contains a table with two rows: 'Manual Wheelchairs' and 'Standard Wheelchair'. The 'Manual Wheelchairs' row has a 'Priority' dropdown set to 'Normal', a 'Diagnosis' dropdown set to '733.81', and a 'Service Facility' dropdown with a 'Change' button. The 'Standard Wheelchair' row has a 'Medical Review' status of 'Required to Submit', an 'NDC' field, a 'Modifi...' button with a red exclamation mark, a 'CPT' field set to 'K0001', and a 'Details' button with a red exclamation mark. The right panel, titled 'Authorization Request', contains three sections: 'Patient Information' (with fields for Patient, Subscriber ID, Card ID, DOB, Payer, and Group, and an 'Eligibility Check' status of 'Eligible'), 'Requesting Information' (with fields for Date of Service, Facility, Clinician, and Clinician NPI, and a 'Complete' status), and 'Diagnosis' (with a table showing '733.81' and 'MALUNION OF FRACTURE', and a 'Selected' status). Below these sections is a 'Service 1' section with fields for Description, Product, Coverage, Auth Dates, Primary ICD-9, and NDC. At the bottom of the form, there is a 'Next >>' button and a '6. Additional Notes' section. The footer contains a 'Save & Print' button and a 'Modify Request' dropdown, along with 'Submit', 'Save', and 'Close' buttons.

Service	Priority:	Diagnosis:	Service Facility:
Manual Wheelchairs	Normal	733.81	Change
Standard Wheelchair	Required to Submit		Modifi... K0001 Details

Diagnosis	Description
733.81	MALUNION OF FRACTURE

Service 1
Manual Wheelchairs
Description: Standard Wheelchair
Product: Custom
Coverage: Prior Approval
Auth Dates:
Primary ICD-9: 733.81
NDC:

# Clear Coverage™

## Wheelchair Authorization Entry Tips

When searching for Service Facility Name (provider of service), enter the name or the NPI number (1), then select "In-Plan" (2). If the appropriate provider is not found, switch to "All" (when "All" is selected, request will pend, even if it meets criteria). Click the "Search" button (3).

The screenshot shows the 'Service Facilities Available' search interface. At the top, there are input fields for 'Name' and 'NPI', both with a double-headed arrow labeled '1.' pointing to them. To the right of these fields is a dropdown menu currently set to 'In-Plan', with an arrow labeled '2.' pointing to it. The dropdown menu is open, showing options: 'All', 'In-Network', 'In-Plan' (highlighted), and 'Preferred Providers'. To the right of the dropdown is a 'Search' button with an arrow labeled '3.' pointing to it. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Member, and NPI. The table is currently empty.

When the results display, select the appropriate provider.

The screenshot shows the 'Service Facilities Available' search interface with search results. The 'Current Service Facility' is 'Cayuga Medical Center Convenient Care Ctr'. The search fields are filled with 'Name', 'Facility Type', and 'NPI'. The 'In-Plan' dropdown is still set to 'In-Plan'. The 'Search' button is highlighted. Below the search fields is a table with the following columns: Preferred, Service Facility Name, Service Facility Address, Facility Type, Network, Phone Number, and NPI. The table has a 'select' button in the first column of each row. A large green box with the text 'Facility/Provider information appears here' is overlaid on the table. An arrow labeled '1.' points to the 'select' button in the first row.

# Clear Coverage™

## Wheelchair Authorization Entry Tips

Click on the Medical Review “Required to Submit” tab and complete the review.

The screenshot shows the 'Patient Search' form with the following sections:

- 1. Patient Information**
- 2. Requesting Information**
- 3. Diagnosis**
- 4. Service**
- 5. Service Information**

Under '5. Service Information', there are fields for 'Manual Wheelchairs', 'Priority: Normal', 'Diagnosis: 733.81', and 'Service Facility: Vendor name'. Below these, there is a 'Medical Review' section with a 'Required to Submit' tab highlighted by a large black arrow. Other tabs include 'NDC', 'Modifi...', 'CPT: K0001', and 'Details'.

If Result = Criteria Met, and the Recommended Action is to “Proceed with the following test(s): Click “Finish.”

The screenshot shows the 'Medical Review' form for 'Standard Wheelchair'. The 'Medical Review' tab is active, and the 'Results: Criteria Met' section is highlighted. The 'Recommended Actions' section shows 'Proceed with the following test(s):' with a radio button selected for 'Standard Wheelchair'. A large black arrow points to the 'Finish' button at the bottom right. The 'View Printable Summary' button is also visible.

Question Source: MANUAL WHEELCHAIRS (Custom) - EHP [9aa54635-a4a5-4da5-bf95-21748731d21a] Guideline



# Clear Coverage™

## Wheelchair Authorization Entry Tips

### If criteria is not met:

The default choice is to **remove** the item from the request.

1. You **must** click the button under alternative action to “Continue with Standard Wheelchair” (or appropriate item) if you wish the request to pend to the Health Plan for review.

Medical Review

Patient: TestPatient1, Declan

### Standard Wheelchair

Type: Custom  
Version: RM12

Medical Review

Overview Q1 Q2 Q3 Q4 Results: Criteria Not Met

**Result: Criteria Not Met**

Clinical evidence does not support Standard Wheelchair based on the information supplied.

**Recommended Actions:**

Remove the following test(s):

- ☒ Standard Wheelchair

**Alternative Action(s):**

- ☐ Continue with Standard Wheelchair
- ☒ Note: Proceeding with this test may require review by the payer.

Question Source: MANUAL WHEELCHAIRS (Custom) - EHP [9aa54635-a4a5-4da5-bf95-21748731d21a] Guideline

[View Printable Summary](#) [< Back](#) [Finish](#)

Results Comments (0)

Add a Comment

Type here to enter comments...

Add Comment

Date Time Author

Close

2. Click “Finish.”

# Clear Coverage™

## Wheelchair Authorization Entry Tips

**5. Service Information**

	Priority:	Diagnosis:	Service Facility:
Manual Wheelchairs	Normal	733.81	Vendor name
	Medical Review:	NDC:	Modifi...
Standard Wheelchair	Completed		Modifiers
			CPT: K0001
			Details: Details

**Modifiers:** Select NU - Purchase or RR – Rental, then click "OK."

**Modifiers for Standard Wheelchair**

Rental or Purchase: \* --select--

- NU - Purchase
- RR - Rental

OK

**Details:** Must select: (1) "Place of Service". (2) "Requested Number of Units" and "Requested Unit Type". Click the "OK" button (3).

**Details for Standard Wheelchair**

Place of Service: \* 12 - Home

Referral Provider: --select--

Referral Number:

Requested Number Of Units: \*

Requested Unit Type: \* --select--

Frequency:

Frequency Type: --select--

Duration:

Duration Type: --select--

OK

# Clear Coverage™

## Wheelchair Authorization Entry Tips

### Accordian 6: Additional Notes

If criteria was not met, or additional codes were added to the request, a note is required.

**NOTE:** if the request is for a manual wheelchair and you are also requesting code K0108, please see page 15-16 of this document.

Enter additional information and/or attach a note with supporting medical documentation (1). A note must be added in order to attach a document.

The screenshot shows the 'Authorization Request' form with the following sections:

- Patient Information:** Eligibility Check: ✔ Eligible. Patient: TestPatient1, Declan. Subscriber ID: EXLTST001. Card ID: EXLTST001. DOB: 12/18/1972. Payer: Health Plan ✔. Group: 005000730001M004.
- Requesting Information:** ✔ Complete. Date of Service: 03/31/2014. Facility: Sample. Clinician: LOCKWOOD, RICHARD. Clinician NPI: 1922088871.
- Diagnosis:** ✔ Selected. Table with 2 columns: Diagnosis, Description. Row 1: 733.81, MALUNION OF FRACTURE.
- Service 1:** Manual Wheelchairs. Description: Standard Wheelchair. Product: Custom. Coverage: Prior Approval. Auth Dates: Primary ICD-9: 733.81. NDC:

Callout 1 points to the 'Attachments (0): Browse' button. Callout 2 points to the 'Add Note / Attachments' button. Callout 3 points to the 'Submit' button.

Additional Notes: Additional clinical information can be added here. You may copy/paste from another document. There is a 4000 character limit. Once all documentation is completed click on the "Add Notes/Attachments" button (2). To complete the authorization click the "Submit" button (3). If the Submit button is gray, it is inactive. Hover the cursor over the button and a pop-up box will appear to explain what additional items need to be completed in order to submit the authorization request.

Attachments (0):

## Clear Coverage™ Wheelchair Authorization Entry Tips

Once the authorization has been submitted, a contact information box displays. This provides information about whom the Health Plan should contact if additional information is needed to process the request.

The contact individual defaults to the name of the individual logged into the Health Plan provider portal. The contact name can be edited if necessary. Enter a contact telephone number. Click the "Submit" button.

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:

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



The Request box will display. The Request box allows you to see/access the following:

1. Status of the authorization
2. Reference # (used when a request is pending)
3. Payer Authorization #
4. A link to access a PDF copy of the request (can be printed or saved electronically)
5. Click "No" to close this request

**Request**

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


Group	Service	Reference #	Payer Authorization#	Request Status	Expires
MANUAL WHEELCHAIRS	Standard Wheelchair	140861000000		Auth Pending	

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

Would you like to create another Authorization Request?

☒ Include Requesting Information

☒ Include Diagnoses



Click "No" to continue and enter an authorization for a different patient.

# Clear Coverage™

## Wheelchair Authorization Entry Tips

**NOTE:** if the request is for a manual wheelchair and you are also requesting code K0108:

- Submit the authorization request for the manual wheelchair as per above instructions
- Return to the Clear Coverage™ home screen
- Locate the submitted authorization request on the Home Page OR;
  - Click in the Authorization Search Tab
  - Conduct a search for the authorization that was just submitted

Clear Coverage™

Susan ne | Sample Practice for Excellus | Logout | Help

Home | Authorization Search | New Authorization | Administration

Welcome Susan ne

Most Recent Activity For: Last 7 Days

Refresh Data

Search Results: Activities

	Reference #	Payer Assigned #	Status	Activity	Activity Date	Date of Service	Patient	Requesting Clinician
<a href="#">Detail</a>	140970800000		Pending	Requester Add	Mon Apr 7 15:04:37 G	Mon Apr 7 00:0	Patients Name	
<a href="#">Detail</a>	140970800000		Pending	Requester Add	Mon Apr 7 15:04:37 G	Mon Apr 7 00:0		
<a href="#">Detail</a>	140970800000		Pending	Requester Add	Mon Apr 7 15:04:37 G	Mon Apr 7 00:0		
<a href="#">Detail</a>	140970800000		Pending	Submitted Autl	Mon Apr 7 15:04:37 G	Mon Apr 7 00:0		

- Click on the Detail tab

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## Wheelchair Authorization Entry Tips

- Go to accordion 6 and add a note: “requesting code K0108 in addition to the manual wheelchair.” Add or attach any pertinent medical documentation to substantiate the request.

The screenshot shows the 'Authorization Request' form. On the left, a vertical accordion menu has six items: '1. Patient Information', '2. Requesting Information', '3. Diagnosis', '4. Service', '5. Service Information', and '6. Additional Notes'. A large black arrow points from the top of this menu down to the 'Additional Notes' section. The 'Additional Notes' section contains a text area with the text: 'Requesting code K0108 in addition to the manual wheelchair. Also add or attach any pertinent medical documentation to support the request'. Below the text area is an 'Attachments (0):' label and a 'Browse' button. A black arrow points from the bottom right of the text area to the 'Add Note / Attachments' button. At the bottom left of the form is a 'Save & Print' button with a dropdown arrow. A black arrow points from the bottom right of the form to the 'Save' button. The right side of the form displays the details for the request, including patient information, requesting information, diagnosis, and service details.

**Authorization Request**

Patient Search

1. Patient Information  
2. Requesting Information  
3. Diagnosis  
4. Service  
5. Service Information  
6. Additional Notes

Additional Notes:

Requesting code K0108 in addition to the manual wheelchair.  
Also add or attach any pertinent medical documentation to support the request

Attachments (0): [Browse](#)

[Add Note / Attachments](#)

[Save & Print](#)

[Modify R](#) [Save](#) [Close](#)

**Authorization Request**

**Patient Information** Eligibility Check: ✔ **Eligible**

Patient: TestPatient1, Declan  
Subscriber ID: EXLTST001 [View Member Details](#)  
Card ID: EXLTST001  
DOB: 12/18/1972  
Payer: Health Plan ✔ [View Coverage Details](#)  
Group: 005000730001M004

**Requesting Information** ✔ **Complete**

Date of Service: 03/31/2014  
Facility: Sample  
Clinician: LOCKWOOD, RICHARD  
Clinician NPI: 1922088871 [View Clinician Details](#)

**Diagnosis** ✔ **Selected**

Diagnosis	Description
733.81	MALUNION OF FRACTURE

**Service 1** Status: ⌚ **Auth Pending**

Manual Wheelchairs

Expires:  
Description: **Standard Wheelchair**  
Product: Custom  
Coverage: Prior Approval  
Auth Dates: 03/31/2014 - 01/25/2015  
Primary ICD-9: 733.81

- Click “Save”
- Click “Close”
- Request will pend to the Health Plan for medical necessity review for the additional accessories.