

2015



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Provider Resource Guide for Acute Medical/Surgical Inpatient Admission Authorizations

A general overview guide for facilities/providers when accessing the inpatient Clear Coverage™ System for the Excellus BlueCross BlueShield member.



NOTES

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NOTES

What is Clear Coverage™?

Excellus BlueCross Blue Shield has partnered with McKesson, an independent company to manage hospital inpatient admission authorizations for services through McKesson's automated system, Clear Coverage™. McKesson was engaged to integrate this system with Excellus BCBS business rules, and enables the provider to receive an instant decision of either an *approval* or *pend* for a medical necessity review by the Health Plan.

Clear Coverage™ is a Web-based real-time software program, and is accessible via the provider portal of the Excellus BlueCross BlueShield website.

Clear Coverage™ includes InterQual® evidence-based criteria.

Clear Coverage™ allows for flexibility for creating requests (i.e. time, date, and staff).

It also enables users to print or electronically save a PDF for proof of authorization.

The screenshot displays the 'Excellus For Providers' website. At the top right, there are links for 'Login', 'Register', 'Forgot Username', and 'Forgot Password'. Below these is a search bar with a 'Search' button. A navigation menu includes 'Provider Home', 'Coverage & Claims', 'Referrals & Auths', 'Coding & Billing', 'Prescriptions', 'Patient Care', 'Education', and 'Contact Us'. On the left, a 'Quick Links' box contains 'UM Appeals & Grievances' and 'Search for Providers'. A yellow banner reads: 'Important! Before requesting a new authorization, check the patient's Eligibility & Benefits and the 'End Date' of any existing authorizations. In Clear Coverage, you'll find the end date by expanding your search to 365 days.' The main content area features a 'Request Authorization' section with a dropdown menu '- Select Type of Care -', a link to 'Pre-Service Review at Other Blue Plans', and a link to 'Get Your Facets Provider ID'. Below this is a 'Check for Approvals' section with another dropdown menu and a link to 'Admissions for Members of Other Blue Plans'. To the right is a 'View Our Requirements' section with a dropdown menu '- Select -'. An image of two doctors at a computer is visible on the right side of the 'Request Authorization' section. A black arrow points from the 'Quick Links' box to the 'Request Authorization' section.

NOTES

CLEAR COVERAGE QUICK REFERENCE GUIDE

Login to **ExcellusBCBS.com** using your exclusive **username** and **password**.

Check member eligibility to ensure active coverage and review member benefits.

Login to the Clear Coverage™ E-Auth Tool using your **Facets Provider ID** number and your **Provider/Facility NPI**.

Click **“New Authorization”** and conduct a patient search.

Clear Coverage™ involves the completion of six brief sections – called accordions – in order to submit an admission authorization request.

1. **Patient Accordion**

What you'll need: the correct spelling of the patient's first and last name and the patient's date of birth.

2. **Provider Accordion**

What you'll need: the admission date, the name of the admitting physician and the type of unit (e.g., elective chemo, elective epilepsy, medical).

3. **Admission Diagnosis Accordion**

What you'll need: the patient's primary diagnosis ICD code and admission type (chemo, urgent or elective).

4. **Admission Criteria Accordion**

What you'll need: criteria that will be used for the inpatient admission.

5. **Admission Review Accordion**

What you'll need: the clinical criteria to support the admission request.

Note: Not mandatory for notifications

6. **Comments | Attachments Accordion**

What you'll need: this provides a free text section allowing you to type, copy/paste and/or attach additional information pertinent to the admission request. This information is mandatory for any admission that does not meet the criteria in the admission review accordion. This is not mandatory for notifications.

A detailed and in-depth description of each Clear Coverage™ step is included in the following pages.

NOTES

LOGGING IN: PROVIDER PORTAL

1. Type the provided Web address in your browser address box or log in to the provider portal

<https://www.excellusbcbs.com/wps/portal/xl/prv/>

2. Click on “Login”

https://www.excellusbcbs.com/wps/portal/xl/prv/

Decision Management|McKess... Excellus BlueCross BlueShield...

[Login](#) | [Register](#) | [Forgot Username](#) | [Forgot Password](#)

Excellus For Providers

Text Size [A](#) [A](#) [A](#) Printer Friendly

[Provider Home](#) [Coverage & Claims](#) [Referrals & Auths](#) [Coding & Billing](#) [Prescriptions](#) [Patient Care](#) [Education](#) [Contact Us](#)

Login →

Username:

Password:

[Login](#)

[Forgot your Username?](#)
[Forgot your Password?](#)

Log in every 30 days to keep your account active.

Register Now!

I am a...
- Please Select -

[Register!](#)

Medical Policies

Search, review and comment on our medical policies.

[Learn More](#)

Check Member Eligibility, Benefits & Claims

[Go](#)

Referrals & Authorizations

View, enter and update requests

[Go](#)

Quick Links

[News & Updates](#)

[Print Forms](#)

[Update Practice Information](#)

[Electronic Payment & Remittances](#)

[Provider Manuals](#)

[Contact PR Representative](#)

Search for Providers

» [Doctors](#)
» [Pharmacies](#)
» [Hospitals, Labs & Others](#)

Fee Schedules


[Go](#)

Manage Medications



» [View Our Drug List](#)
» [Prior Authorization Forms](#)
» [Prescription Drug Policies](#)
» [Medical Specialty Drugs](#)

LOGGING IN: PROVIDER PORTAL

3. Enter assigned Username and Password:

Excellus 

[Login](#) | [Register](#) | [Forgot Username](#) | [Forgot Password](#)

Text Size  Printer Friendly 

Please Log In

Please log in to access the private, secure features that are available to you.

Username: Password:

[Forgot your Username?](#) [Forgot your Password?](#)


Not Yet Registered?

Register now! Begin by telling us who you are:

I am a...
- Please Select -

[Home](#) [News & Information](#) [Find a Doctor](#) [Fraud & Abuse](#) [About Us](#) [Careers](#) [Accreditations](#)

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Find Us On: 

3a. If you have forgotten your Username and/or Password, you may click on the **“Forgot your Username”** or **“Forgot your Password”** links

3b. If you experience web-site problems/issues, call our **Web Security Help Desk 1-800-278-1247**

(Monday-Thursday 8 a.m. to 4:30 p.m. or Friday, 9 a.m. to 4:30 p.m. EST)

Retrieve Your Username

Step 1: Begin by telling us who you are

I am a...

- Please Select -

Need Help? Call our Web Security Help Desk at 1-800-278-1247

BENEFIT/ELIGIBILITY CHECK

From the Provider Home tab:

1. Click on “**Check Member Eligibility, Benefits and Claims**”

The screenshot shows the Excellus Provider Home dashboard. At the top, it says "Welcome Paul!" with links for "Log Out", "Modify My Profile", and "Change My Password". There is a search bar and text size options (A A A) and a "Printer Friendly" link. The main navigation bar includes "Provider Home" (circled in red), "Coverage & Claims", "Referrals & Auths", "Coding & Billing", "Prescriptions", "Patient Care", "Education", and "Contact Us".

On the left side, there is a "Quick Links" section with the following items:

- Add or Delete Web Accounts for Your Staff (Go)
- News & Updates
- Print Forms
- Update Practice Information
- Electronic Payment & Remittances
- Provider Manuals
- Contact PR Representative

The main content area features several tiles:

- Staff Training & Education**: "Your training sessions can help your new staff get up and running quickly." (Learn More)
- Check Member Eligibility, Benefits & Claims**: (Go) - This tile is highlighted with a large white arrow pointing to it.
- Referrals & Authorizations**: "View, enter and update requests" (Go)
- Search for Providers**:
 - » [Doctors](#)
 - » [Pharmacies](#)
 - » [Hospitals, Labs & Others](#)
- Clinical Editing**: "Check your claims." (Go)
- Manage Medications**:
 - » [View Our Drug List](#)
 - » [Prior Authorization Forms](#)
 - » [Prescription Drug Policies](#)
 - » [Medical Specialty Drugs](#)

At the bottom, there is a footer navigation bar with links: Home, News & Updates, Print Forms, About Us, Fraud & Abuse, Glossary, and Accreditations.

BENEFIT/ELIGIBILITY CHECK

2. Click on "Check Eligibility"

The screenshot shows the Excellus For Providers website. At the top right, it says "Welcome Paul!" with links for "Log Out", "Modify My Profile", and "Change My Password". A search bar is also present. Below the navigation bar, there are several menu items: "Provider Home", "Coverage & Claims", "Referrals & Auths", "Coding & Billing", "Prescriptions", "Patient Care", "Education", and "Contact Us". On the left, a "Quick Links" menu is visible, with "Check Eligibility" circled in red. The main content area features a "Check Member Eligibility" section with a sub-header "See which plan a patient is enrolled in and the effective dates." and three links: "Check Eligibility", "For Members of Other Blue Plans", and "Member Prefix List (PDF)". To the right of this section is a small image of a computer screen showing the eligibility check form with a green checkmark. Below this are three more sections: "Benefits & Coverage" with links for "View Benefits", "For Members of Other Blue Plans", "Deductible & Cost Sharing", and "Coordination of Benefits"; "Check Claims" with links for "Check Claims", "For Members of Other Blue Plans", and "Claim Explanation Codes (XLS)"; and "View Our Policies" with links for "Drug Policies", "Medical Policies", and "Administrative Policies". There are also sections for "View Remittances & Statements" and "TheBlueCard".

3. Enter all required subscriber information and date of service:

The screenshot shows the "Check Eligibility" form on the Excellus For Providers website. The "Quick Links" menu on the left still has "Check Eligibility" highlighted. The main heading is "Check Eligibility" and the sub-heading is "Enter Member Information". Below this, the "Instructions:" section is circled in red. It contains the following text: "Please enter any of the following combinations and click 'Next'":
1. Subscriber ID/Medicaid Recipient ID/CIN # and Date of Birth - OR -
2. Subscriber ID/Medicaid Recipient ID/CIN #, First Name and Last Name - OR -
3. Date of Birth, First Name and Last Name
Below the instructions are input fields for "Subscriber ID", "First Name", "Last Name", "Date Of Birth", and "Date Of Service". The "Date Of Service" field is pre-filled with "11/19/2013". At the bottom of the form, there are two buttons: "Next" and "Clear Fields". The "Next" button is circled in red, and a black arrow points from it towards the bottom left of the page. The footer of the page says "Version: QuickLink_20050315".

4. Click "Next"

BENEFIT/ELIGIBILITY CHECK

5. Review eligibility

Check Eligibility

Results

Subscriber Name:	Patient	Address:	Patient Address &
Subscriber ID:	Name & ID	Suffix:	0
Date of Service:	11/19/2013	Phone:	Phone

Indemnity

Contract Information			
Contract Coverage:	HealthyBlue High Deductible Health Plan	Effective Date:	09/01/2012
PFX:	VYI	Term Date:	12/31/2199

Group Information			
Group Name:	Elm Chevrolet, inc.	Contract Type:	Subscriber and Spouse
Indemnity Waiver:			
Dependent Age:	19		

Member Information			
Member Name:	Patient Name	Effective Date:	09/01/2012
Member Suffix:	& Birthdate	Term Date:	12/31/2199
Birth Date:		Gender Relationship:	FSUB

Other Coverage Information	
No Coordination of Benefit information could be found for this member.	

Multiple Contracts

Select Another Option for this Patient

6. If the patient is eligible, click the **dropdown arrow** and select **"View Benefits"** (if benefit check is applicable)

Select Another Option for this Patient

- Please Select —
- Please Select —
- View Benefits**
- Check Claims
- Check Eligibility
- Enter a Referral
- Update a Referral
- Delete a Referral
- Check A Referral
- Check Hospital Admissions
- Enter an Emergency Hospital Admission
- Enter an Elective Hospital Admission
- Preauthorizations
- Clear Coverage E-Auth Tool

[Updates](#) [Print Forms](#) [About Us](#)

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our [Privacy Policy](#) for information on how we...
[of Use](#). Follow this link to view our 31 cou...
the secure features of this site.

BENEFIT/ELIGIBILITY CHECK

7. Patient information will be autopopulated. Click on "Next"

View Benefits

Enter Member Information

Instructions:

- ① Please enter any of the following combinations and click "Next"
1. Subscriber ID/Medicaid Recipient ID/CIN # and Date of Birth - *OR* -
 2. Subscriber ID/Medicaid Recipient ID/CIN #, First Name and Last Name - *OR* -
 3. Date of Birth, First Name and Last Name

Subscriber ID:	<input type="text" value="xxxxxxxx"/>	Enter without the 3 letter prefix, spaces or dashes	
First Name:	<input type="text" value="xxxxxxxx"/>	Last Name:	<input type="text" value="xxxxxxxx"/>
Date Of Birth:	<input type="text" value="xx/xx/xxxx"/>	MMDDYYYY	
Date Of Service:	<input type="text" value="11/19/2013"/>	MMDDYYYY	
<input style="border: 2px solid red;" type="button" value="Next"/> <input type="button" value="Clear Fields"/>			

8. A comprehensive benefit list will appear. Verify that the patient has the benefit for the service requested

View Benefits

Results Detail

Member Name:	Member Specific	Address:	If additional benefit detail is needed, click on the "View Additional Benefit Detail" link
Subscriber ID:	Information appears	Phone:	
Date of Birth:	here	Contract:	
Date of Service:			

Disclaimer: This information should not be interpreted as pre-approval for services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims.

Contract Description:

Cortland Regional Medical Center IDN PPO

[View Additional Benefit Details](#)

Contract Summary:

Service Type	Network	Copay	Deductible	Coinsurance	Limit
Inpatient Hospital Services	In Network and Participating	\$0.00	\$0.00	0%	0
Inpatient Hospital Services	Out of Network	\$0.00	\$2,000.00	40%	0
Inpatient Physician Visit	In Network and Participating	\$0.00	\$0.00	0%	0
Inpatient Physician Visit	Out of Network	\$0.00	\$2,000.00	40%	0
Laboratory and Pathology-Diagnostic	In Network and Participating	\$0.00	\$0.00	0%	0
Laboratory and Pathology-Diagnostic	Out of Network	\$0.00	\$2,000.00	40%	0
Laboratory and Pathology-Routine	In Network and Participating	\$0.00	\$0.00	0%	0

BENEFIT/ELIGIBILITY CHECK

9. Scroll back to top of screen and click on the "Referrals and Auths" tab

Welcome Joann! [Log Out](#) | [Modify My Profile](#) | [Change My Password](#)

Excelsus  | For Providers [Search](#)

Text Size [A](#) [A](#) [A](#) [Printer Friendly](#)

[Provider Home](#) [Coverage & Claims](#) [Referrals & Auths](#) [Coding & Billing](#) [Prescriptions](#) [Patient Care](#) [Education](#) [Contact Us](#)

Quick Links
Check Eligibility
View Benefits & Coverage

View Benefits

Results Detail

NOTES

LOGGING IN: CLEAR COVERAGE

Once you have checked the patient's "Eligibility and Benefits" and would like to enter an inpatient authorization request:

1. Go to the "Referrals & Auths" tab

1a. If you are a new user, and do not have a Facets Provider ID, click on the "Get Your Facets Provider ID" link.

Request Authorization

- Select Type of Care -

[Pre-Service Review at Other Blue Plans](#)

[Get Your Facets Provider ID](#) ←

This box will appear. Click on the "Email our Provider Help Desk" button.

Get Your Facets Provider ID

- You'll need your Facets Provider ID to use Clear Coverage or do EPA Pre-Service Reviews at Other Blue Plans. If you do not know that ID,
 - You can call: 1-800-363-4658 or
 - You can [Email our Provider Help Desk](#)

1b. Complete the form. The Help Desk will contact you with an ID number within 2 days after the request is received.



Excellus Facets Provider ID Request

Use this eform to request a Facets Provider ID or get your current one.

Please complete the form below and click 'Submit'. All field entries are required. We will respond within 2 days after request is received. We protect the privacy of your message with [SSL encryption](#).

For what Provider tool are you requesting your Facets Provider ID?

- Please select one -

Provider Name:

Place of Service - Office Address:

Note: The Facets Provider ID that you will receive is based on the Office Address you supply to us.

Street Address:

City:

State:

ZIP Code:

Email:

NPI:

LOGGING IN: CLEAR COVERAGE

2. Click the "Request Authorization" drop down arrow

The screenshot shows the 'Request Authorization' dropdown menu open. The menu items are:

- Select Type of Care -
- Select Type of Care -
- Options via Clear Coverage for Outpatient**
 - Behavioral Health
 - Medical
 - Physical, Occupational & Speech Therapy
 - Specialty Medications
 - Surgery
- Options via Clear Coverage for Inpatient**
 - Medical
 - Surgery (Urgent Admissions)
- Options via CareCore**
 - Implantable Cardiac Device
 - Radiation Therapy Preauth Programs
 - Radiology Services
 - Sleep Disorder Management
- Other Options**
 - Hospital Elective Admissions
 - Hospital Emergency Admissions
 - Surgery
 - Other Preauthorizations

The 'Medical' option under 'Options via Clear Coverage for Inpatient' is highlighted. A black arrow points to the dropdown arrow at the top of the menu.

3. Click "Options via Clear Coverage for Inpatient -Medical"

4. Enter your Facets Provider ID and Provider NPI number and click "Next"

The screenshot shows the 'Enter Provider Information' form. The form has two input fields: 'Facets Provider ID:' and 'Provider NPI:'. A blue arrow points to these fields with the text 'ENTER ID Numbers'. Below the input fields are 'Back' and 'Next' buttons. The 'Next' button is circled in red. An important notice is displayed at the bottom of the form:

Important: Authorization requests/documentation received via Clear Coverage after 5:00 p.m. on Friday, and on weekends or holidays, will not be processed until the next business day. If you have an urgent request for care within 48 hours, please call the Medical Intake Unit at 1-800-363-4658.

LOGGING IN: CLEAR COVERAGE

5. The first time you log in you will need to accept the license agreement. Click **"Accept"**.



6. The first time you log in you will need to accept the Business Associate agreement. Click **"Accept"**.



NOTES

AUTHORIZATION MENU SCREEN

When you have successfully logged into Clear Coverage™, the “Authorization” page will display.

Clear Coverage™

Joann Kubis | Logout | Help

Authorization Requests | New Authorization | Administration

Search Patient Authorization Request and Notifications

Patient Last Name Patient First Name

Date Created Status Request Type Payer Subscriber/Card Admitting Provider Reference Type Reference Number

Last 7 Days All All All

Search Clear

Search Results: Authorization and Notifications Results

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provi	Attending Provi

You will use the following tabs to manage and view requests:

1. **Authorization Requests** - Enables you to find “saved” (incomplete) and submitted authorization requests
2. **New Authorization** - Enables you to enter and submit an authorization request
3. **Log Out** - Enables you to close the application
4. **Help** - for additional, generic Clear Coverage™ information

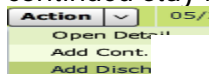
AUTHORIZATION REQUESTS PAGE

The **Authorization Requests** page enables you to find authorizations that have been saved (not yet submitted) as well as requests that have been submitted.

You can filter by name, date created, patient name etc.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov	Attending Provi
Action	02/10/2015	TestPatient30, Liz	Health Plan	02/10/2015	02/24/2015	Admission	Canceled	Adult: Medical		Medical	LOCKWOOD, F	
Action	02/05/2015	TestPatient30, Liz	Health Plan	01/31/2015		Discharge				Medical	LOCKWOOD, F	
Action	02/05/2015	TestPatient30, Liz	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F	

- Action**-allows you to open the individual authorization for viewing or editing, perform a continued stay review or discharge



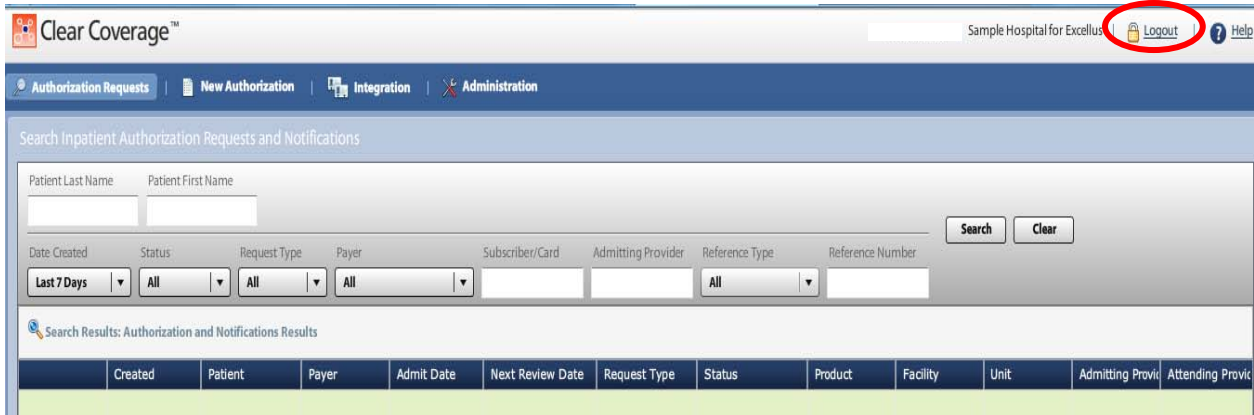
- Created** -Date the request was created
- Patient**-Name of the patient
- Payer**-Provides detailed information of the patient's health plan (e.g., ID number, group, product type, effective date)
- Admit Date**-the date of the actual admission
- Next Review Date**-the date that a continued stay review is required, if applicable
- Request Type** - Type of request (admission, continued stay, or discharge)
- Status**- Current status of a request
- Product**-specifies the InterQual™ product that was used for the review, if applicable
- Facility**-the name of the facility that entered the authorization request
- Unit**-n/a
- Admitting Provider**-name of the admitting physician

NOTES

LOGGING OUT

To end your session, you must log out.

In the **menu bar**, click **"Logout"**



The screenshot shows the Clear Coverage application interface. At the top right, the "Logout" button is circled in red. The interface includes a menu bar with "Authorization Requests", "New Authorization", "Integration", and "Administration". Below the menu bar is a search area for inpatient authorization requests and notifications, with fields for Patient Last Name and Patient First Name, and buttons for "Search" and "Clear". There are also dropdown menus for "Date Created" (Last 7 Days), "Status" (All), "Request Type" (All), and "Payer" (All). Below the search area is a table with columns: Created, Patient, Payer, Admit Date, Next Review Date, Request Type, Status, Product, Facility, Unit, Admitting Provider, and Attending Provider.

Your session ends. You must return to the provider portal to log in again.



The screenshot shows the Clear Coverage login page. The "Login" button is at the top left. The Clear Coverage logo is in the top left, and the time and date "02:40:36 PM Friday, January 23 2015" are in the top right. The message "Please use your portal to login." is circled in red. Below the message is a disclaimer: "By clicking on 'Login' above, you agree to the terms of the McKesson license agreement. Please read the important license provisions below before you login. If you do not agree to the provisions, please do not login." Below the disclaimer is a scrollable area containing the full license agreement text. At the bottom, the copyright information is displayed: "© 2010 McKesson Corp. All Rights Reserved. Service URL: https://integ_cue4.com/service Version: 185.0(123771)".

TIMING OUT

TIMING OUT:

One of the settings within Clear Coverage™ specifies how long Clear Coverage™ can be left inactive before it automatically ends the session. If you are logged in but not using the application, you may see a message stating that the session has expired.



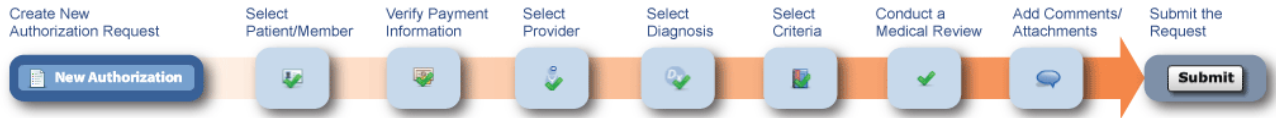
The screenshot shows a login page for Clear Coverage™. At the top left, the word "Login" is visible. The Clear Coverage™ logo is on the left, and the time "03:05:58 PM" and date "Friday, January 23 2015" are on the right. A yellow banner in the center contains the message "Session time out or services unavailable.", which is circled in red. Below the banner, there is a disclaimer: "By clicking on 'Login' above, you agree to the terms of the McKesson license agreement. Please read the important license provisions below before you login. If you do not agree to the provisions, please do not login." A scrollable box contains the full license agreement text. At the bottom, the footer reads: "© 2010 McKesson Corp. All Rights Reserved. Service URL: <https://integ.cue4.com/service> Version: 185.0(123771)"

If this message is received, return to the provider portal and follow the "Log In" steps.

CREATING A NEW AUTHORIZATION REQUEST

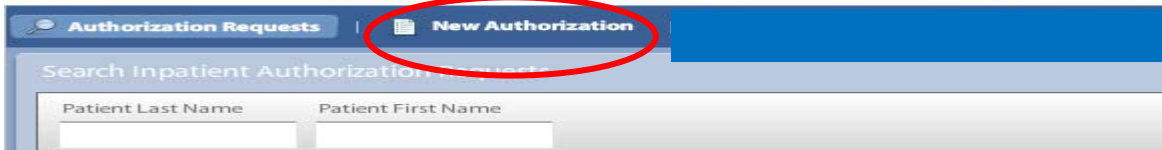
The first step in creating a new authorization request is to check the patient's eligibility within the provider portal (**see benefits/eligibility section). Once you have verified the patient's eligibility/benefits, you can begin the authorization process for the patient within the Clear Coverage™ application. This process will build a complete authorization request with all required information, which is then either notification, auto approved or submitted to Excellus BCBS for a determination.

Steps to create an Inpatient Authorization Admission request



A.

1. From the main screen, click on **“New Authorization”**



The Inpatient Admission Authorization Request screen appears

LEFT SIDE	RIGHT SIDE
Displays the information that has been added to the request	This is the work area where you will make selections and perform tasks

CREATING A NEW AUTHORIZATION REQUEST



Accordions:

Each accordion will need to be opened in consecutive order, completed and added to the “work area” on the right side.

The screenshot displays the 'Inpatient Admission Authorization Request' interface. On the left, a list of accordions is shown, each with a red exclamation mark icon indicating a mandatory field. The accordions are: Patient, Provider, Admission Diagnosis, Admission Criteria, Admission Review, and Comments | Attachments. A blue arrow points from the 'Patient' accordion in the list to a larger, detailed view of the accordions on the right. The detailed view lists the following accordions and their descriptions:

- Patient**-Patient and member details
- Provider**-admission date; requesting facility and provider information and unit type
- Admission Diagnosis**-ICD codes
- Admission Criteria**-Criteria that will be used for the inpatient admission
- Admission Review**-Medical review that documents the clinical reason for the admission or continued stay, if applicable
- Comments | Attachments**-additional clinical information to support the medical necessity for the admission, if applicable

At the bottom of the interface, there are buttons for 'Print', 'Submit', 'Save', and 'Close'. A 'Next: Provider >>' button is also visible. A warning icon and the text 'Why can't I add a patient?' are shown at the bottom left of the main content area.

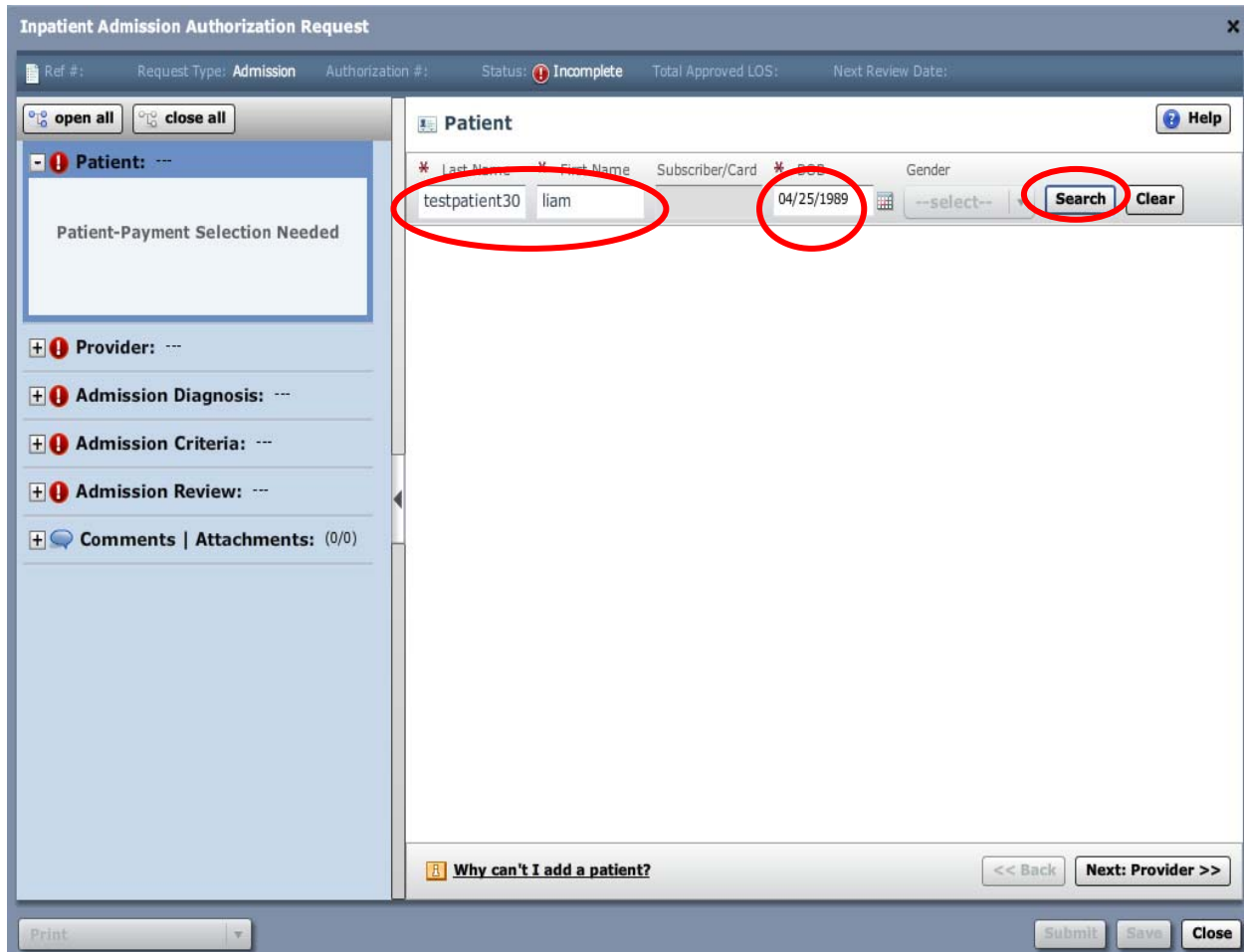
 The  indicates a mandatory field.

CREATING A NEW AUTHORIZATION REQUEST



B.

1. In the search fields, enter the patient's last name, first name and date of birth
2. Click "Search"



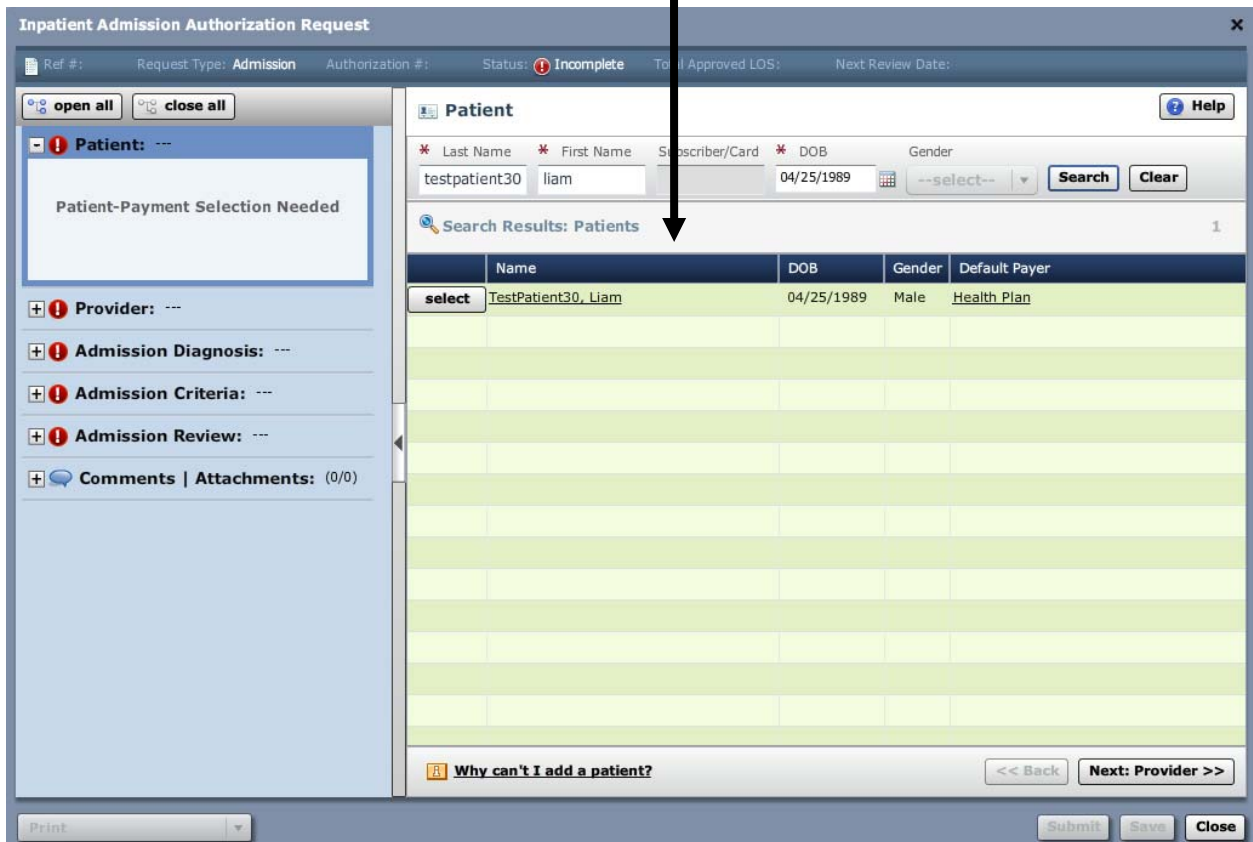
The screenshot shows the "Inpatient Admission Authorization Request" form. The status is "Incomplete". The form includes a "Patient" section with search fields for Last Name, First Name, and Date of Birth. The values entered are "testpatient30", "liam", and "04/25/1989". The "Search" button is highlighted with a red circle. The form also includes a "Provider" section, "Admission Diagnosis", "Admission Criteria", "Admission Review", and "Comments | Attachments" sections. The "Search" button is circled in red, along with the input fields for "testpatient30", "liam", and "04/25/1989".

* Last Name	* First Name	Subscriber/Card	* DOB	Gender
testpatient30	liam		04/25/1989	--select--

Buttons: open all, close all, Help, Search, Clear, << Back, Next: Provider >>, Submit, Save, Close, Print.

CREATING A NEW AUTHORIZATION REQUEST

Results that match your search appear:



The screenshot displays the 'Inpatient Admission Authorization Request' interface. At the top, it shows the request status as 'Incomplete' and the 'Next Review Date'. The left sidebar contains several sections: 'Patient: --' with a 'Patient-Payment Selection Needed' warning, 'Provider: --', 'Admission Diagnosis: --', 'Admission Criteria: --', 'Admission Review: --', and 'Comments | Attachments: (0/0)'. The main area features a 'Patient' search section with fields for 'Last Name' (testpatient30), 'First Name' (liam), 'DOB' (04/25/1989), and 'Gender' (dropdown). A 'Search' button and a 'Clear' button are present. Below the search fields, a 'Search Results: Patients' section shows a table with one result: 'TestPatient30, Liam' with DOB '04/25/1989', Gender 'Male', and Default Payer 'Health Plan'. A black arrow points from the text above to the search results table. At the bottom of the interface, there are buttons for 'Print', '<< Back', 'Next: Provider >>', 'Submit', 'Save', and 'Close'.

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

3. If the patient's name does not appear, you can:
 1. Verify that the patient's name is spelled correctly AND that the correct date of birth was entered. If information entered was incorrect:
 - o Click "**Clear**" and start a new search by repeating steps 1 and 2
 - o If the patient's name still does not appear, call the Excellus BlueCross Blue Shield Customer Care department: 1-800-363-4658

CREATING A NEW AUTHORIZATION REQUEST



C.

1. Click on the patient's name for additional information and to ensure you have chosen the correct patient

Patient Help

* Last Name * First Name Subscriber/Card * DOB Gender
testpatient30 liam 04/25/1989 --select-- Search Clear

Search Results: Patients 1

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

Patient Information Detail X

Patient: TestPatient30, Liam

DOB	Age	Gender	Patient ID	Marital Status	SSN	Ethnicity
04/25/1989	25	Male	---	---	---	---

Height	Weight	Primary Care Physician
---	---	---

Primary Address	Secondary Address
Test Addr 6 TesteVille, NY 14454	---

Home: (000) 000-0000
Work: ---
Mobile: ---
Fax: ---
Email: ---

Why can't I add a patient? Next Provider >>

2. Choose the correct patient by clicking "Select" to the left of the patient's name.

Patient Help

* Last Name * First Name Subscriber/Card * DOB Gender
testpatient30 liam 04/25/1989 --select-- Search Clear

Search Results: Patients 1

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

CREATING A NEW AUTHORIZATION REQUEST

The selected patient and their payment information will appear:

Inpatient Admission Authorization Request

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

Patient: TestPatient30, Liam

Gender: Male
 DOB: 04/25/1989
 Age: 25
 Eligibility: **Eligible**
 Payer: Health Plan
 Subscriber ID: EXLTST030
 Card ID:
 Effective Date: 11/01/2012
 Expiration Date: 09/13/2199
 Relationship: Other

Provider: ---

Admission Diagnosis: ---

Admission Criteria: ---

Admission Review: ---

Comments | Attachments: (0/0)

Patient: TestPatient30, Liam

Last Name: TestPatient30 MI: First Name: Liam DOB: 04/25/1989 Gender: Male

Primary Address: Secondary Address:
Test Addr 6
TesteVille, NY 14454
Home: 0000000000

Eligibility: **Eligible**

Current Coverage

Payment Type: **Commercial**

Payer: **Health Plan** Relationship: **Other**

Designated Processor: Plan: **00012000**

Subscriber ID: **EXLTST030** Product: **00592002**

Card ID:
 Effective Date: **11/01/2012** Group: **000014750001A001 - Body By Terry LLC-Body By Terry LL**
 Expiration Date: **09/13/2199**

Change Payment Type

Search For Another Patient << Back Next: Provider >>

Print Submit Save Close

- Click on **"Change Payment Type."** If patient has "dual coverage" with Excellus BlueCross BlueShield, all contracts will appear:

Patient: TestPatient30, Liam

	Payer	Plan	Product	Gr
select	Health Plan	00012000	00592002	Bc
	Second coverage would appear here			

"Change Payment Type" = choose the ID number that corresponds to the ID card presented by the patient.

If patient has dual coverage with Excellus, the user must complete 2 separate authorization requests.

Enter Primary contract auth first.

- 3a. Select the correct contract

- Click **"Next: Provider>>"** to continue.

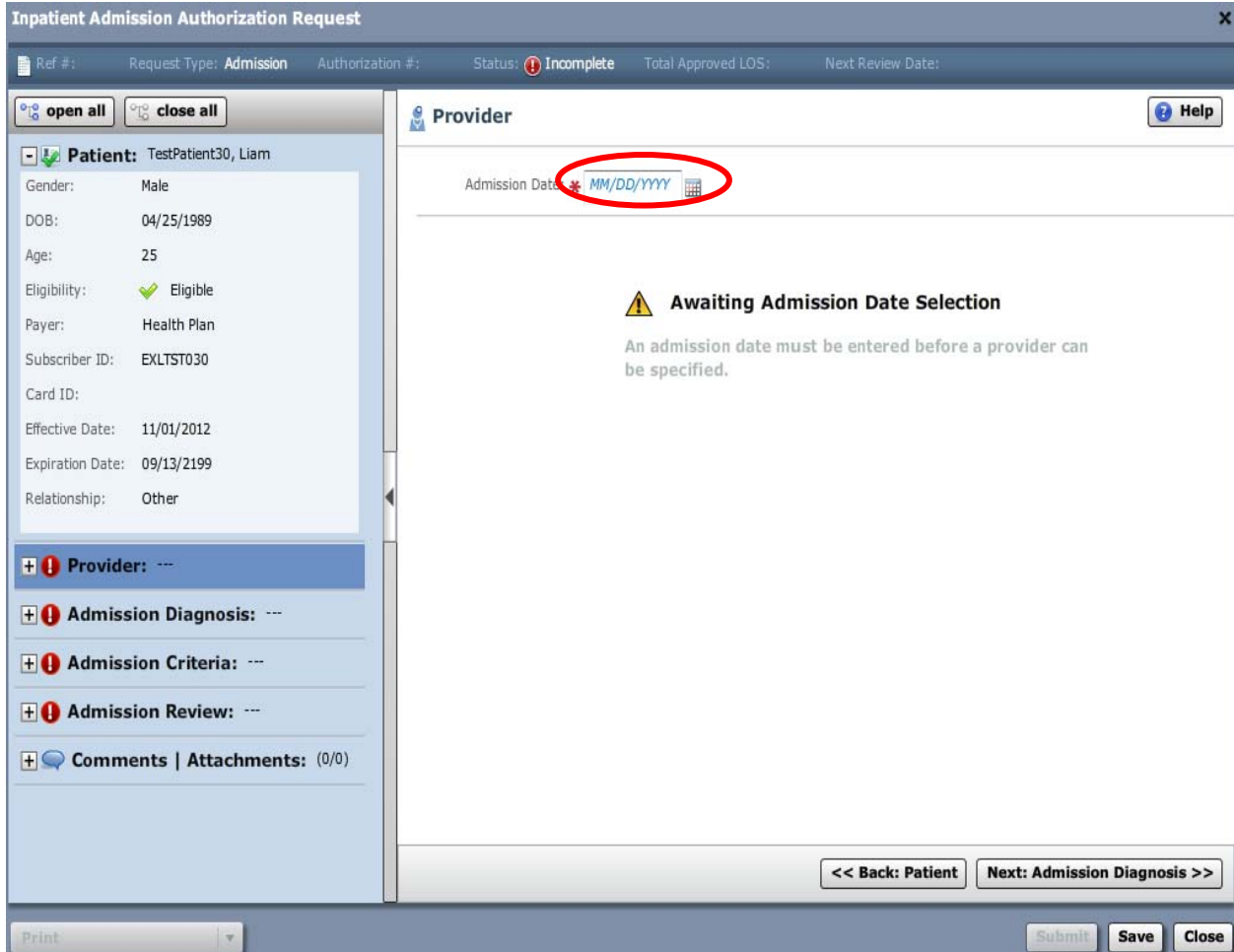
CREATING A NEW AUTHORIZATION REQUEST



D.

1. Select and enter the **"Admission Date"**

Note: Can backdate 5 days or go forward 90 days




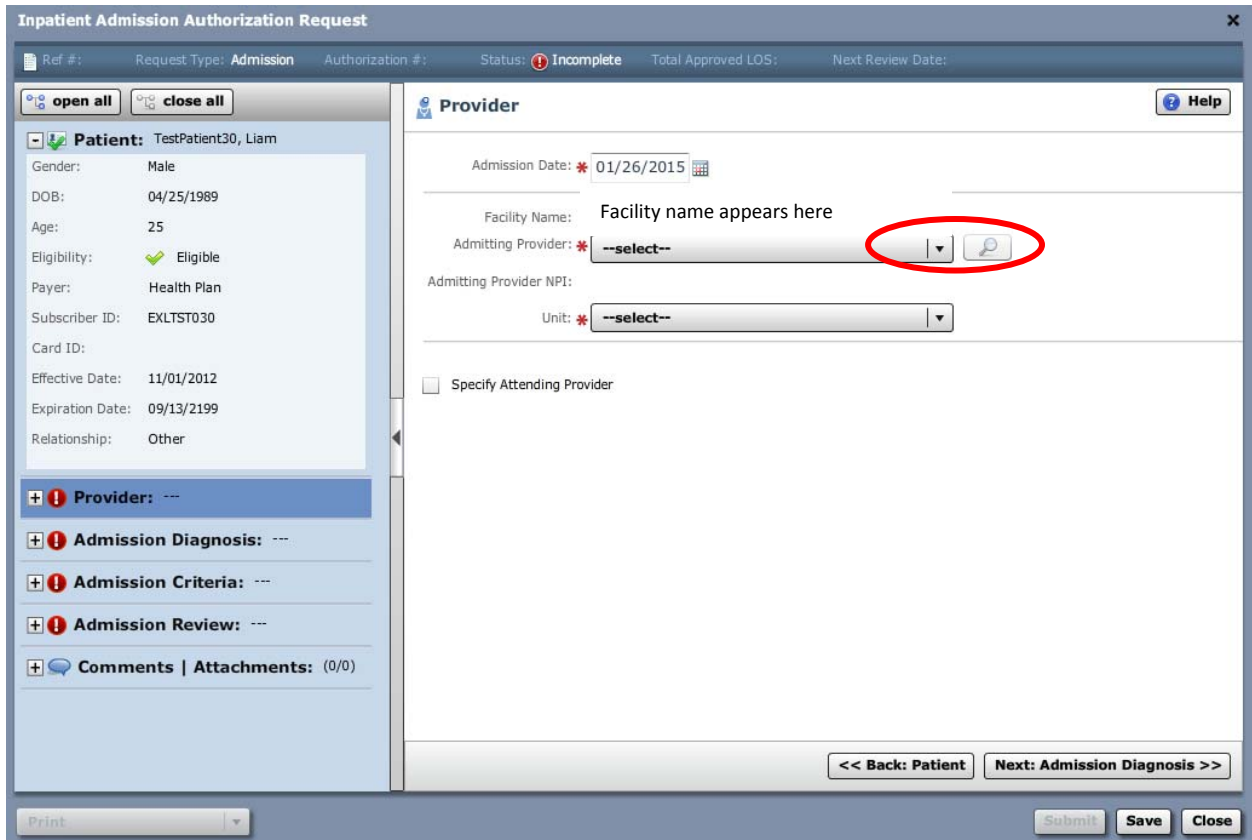
The screenshot shows the 'Inpatient Admission Authorization Request' form. The top header includes fields for 'Ref #:', 'Request Type: Admission', 'Authorization #:', 'Status: Incomplete', 'Total Approved LOS:', and 'Next Review Date:'. Below this, there are 'open all' and 'close all' buttons. The left sidebar contains patient information for 'TestPatient30, Liam', including gender (Male), DOB (04/25/1989), age (25), eligibility (Eligible), payer (Health Plan), subscriber ID (EXLTST030), card ID, effective date (11/01/2012), expiration date (09/13/2199), and relationship (Other). Below the patient info are expandable sections for 'Provider', 'Admission Diagnosis', 'Admission Criteria', 'Admission Review', and 'Comments | Attachments (0/0)'. The main content area is titled 'Provider' and features an 'Admission Date' field with a red circle around the placeholder text 'MM/DD/YYYY' and a calendar icon. A warning message states: 'Awaiting Admission Date Selection. An admission date must be entered before a provider can be specified.' At the bottom, there are navigation buttons: '<< Back: Patient' and 'Next: Admission Diagnosis >>', along with 'Print', 'Submit', 'Save', and 'Close' buttons.

CREATING A NEW AUTHORIZATION REQUEST

2. Conduct admitting provider search:

2a. Select the name of the admitting provider from the **"Admitting Provider"** drop-down list **OR**,

Click the Search icon  to the right of the Admitting Provider field.



The screenshot shows the 'Inpatient Admission Authorization Request' form. The 'Admitting Provider' field is highlighted with a red circle, and a search icon is visible to its right. The form includes fields for Admission Date, Facility Name, Admitting Provider, Admitting Provider NPI, and Unit. A 'Specify Attending Provider' checkbox is also present. The form is titled 'Inpatient Admission Authorization Request' and has a status of 'Incomplete'.

2b. Enter search criteria, such as last name, first name.

2c. Click **"Search"**



The screenshot shows the 'Provider Search' form. The search criteria fields are empty, and the search button is visible. The form includes fields for Organization / Last Name, First Name, ID Type, and ID. A 'Show' checkbox and an 'In-Plan' dropdown are also present. The search results table has columns for Provider Name, NPI, Primary Specialty, and Network. The form is titled 'Provider Search' and has a status of 'Incomplete'.

CREATING A NEW AUTHORIZATION REQUEST

2d. If the clinician name appears, select the clinician by clicking in the circle to the left of the name

The screenshot shows a 'Provider Search' dialog box with the following fields and options:

- Organization / Last Name: [Empty]
- First Name: [Empty]
- ID Type: **Excellus BCBS Provider ID**
- ID: [Empty]
- Show:
- In-Plan: [Dropdown]
- Search: [Button]
- Clear: [Button]

Provider Name	NPI	Primary Specialty	Network
<input checked="" type="radio"/> LOCKWOOD, RICHARD	1922088871	Internal Medicine	In-Plan

Add Selected to Preferred Clinicians / Organizations List

Use Selected Cancel

You have the option of adding the selected clinician to the preferred clinician list by selecting the **"Add Selected to Preferred Clinicians/Organizations List"**

Note: Selecting the **"Add Selected to Preferred Clinicians/Organizations List"** option will make the clinician available for future authorization requests from the requesting clinician drop-down list.

2e. Verify that the correct provider has been selected. Verify specialty, NPI etc.

The screenshot shows the 'Provider Search' dialog box with the 'Clinician Detail' pop-up window open. The pop-up window displays the following information:

- Full Name: LOCKWOOD, RICHARD
- Primary Specialty: Internal Medicine
- Phone: 3154721488
- Fax: [Empty]
- Email Address: [Empty]
- NPI: 1922088871
- Network Status: In-Plan
- Address: 1001 West Fayette Street, Suite 400
- City and State: Syracuse NY
- Zip: 132042866


Verify you have the correct provider by viewing the specialty, address, NPI number etc.

Use Selected Cancel

2f. Click **"Use Selected"**

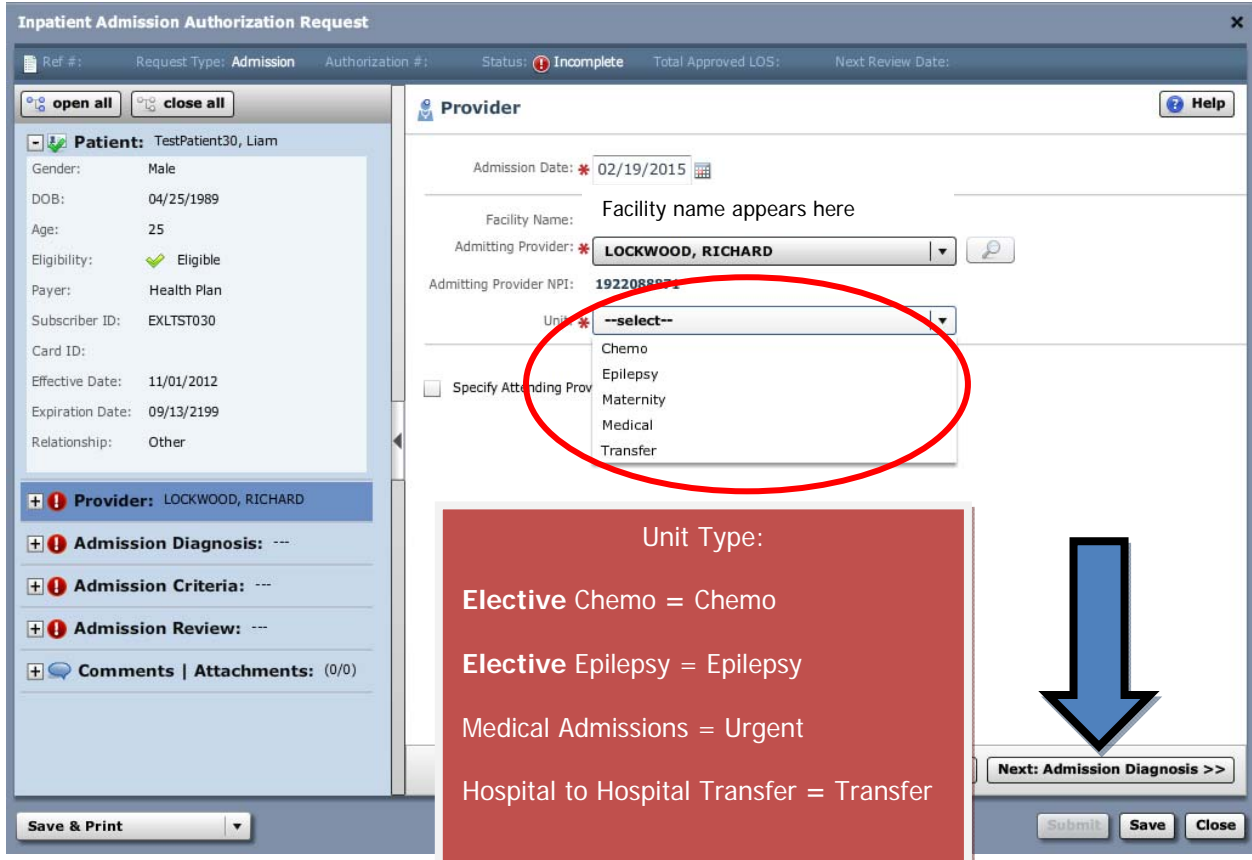
CREATING A NEW AUTHORIZATION REQUEST

3. Select the unit type from the "Unit" drop-down list

 The choice of Chemo and Epilepsy should be selected for Elective Chemo or Elective Epilepsy admissions only

If the admission is for urgent chemo or epilepsy, choose "Medical"

4. Click "Next: Admission Diagnosis"



Inpatient Admission Authorization Request

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

Patient: TestPatient30, Liam
Gender: Male
DOB: 04/25/1989
Age: 25
Eligibility: Eligible
Payer: Health Plan
Subscriber ID: EXLTST030
Card ID:
Effective Date: 11/01/2012
Expiration Date: 09/13/2199
Relationship: Other

Provider: LOCKWOOD, RICHARD

Admission Date: * 02/19/2015
Facility Name: Facility name appears here
Admitting Provider: * LOCKWOOD, RICHARD
Admitting Provider NPI: 1922088801
Unit: * **--select--**
Chemo
Epilepsy
Maternity
Medical
Transfer

Specify Attending Prov

Unit Type:
Elective Chemo = Chemo
Elective Epilepsy = Epilepsy
Medical Admissions = Urgent
Hospital to Hospital Transfer = Transfer

Next: Admission Diagnosis >>

Submit Save Close

Save & Print

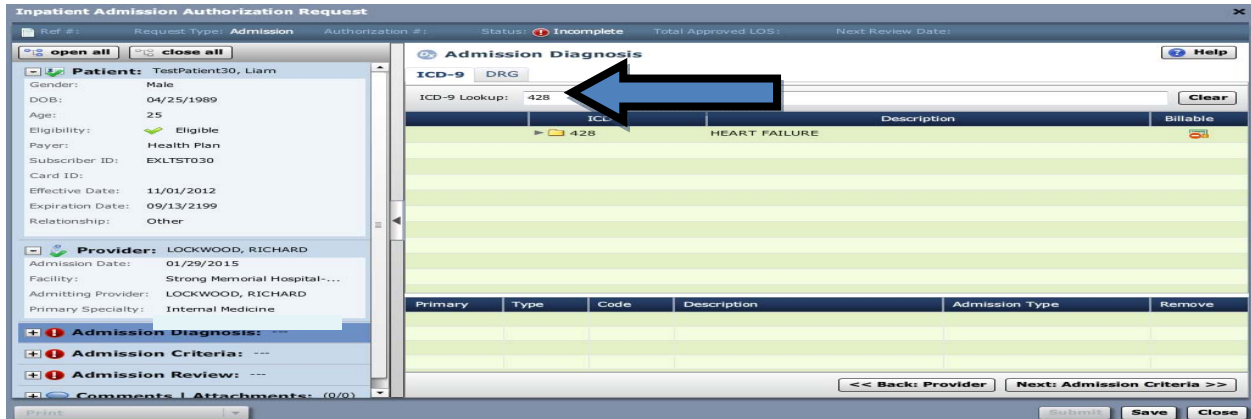
CREATING A NEW AUTHORIZATION REQUEST

E.



1. Enter the diagnosis code or key word into the search field

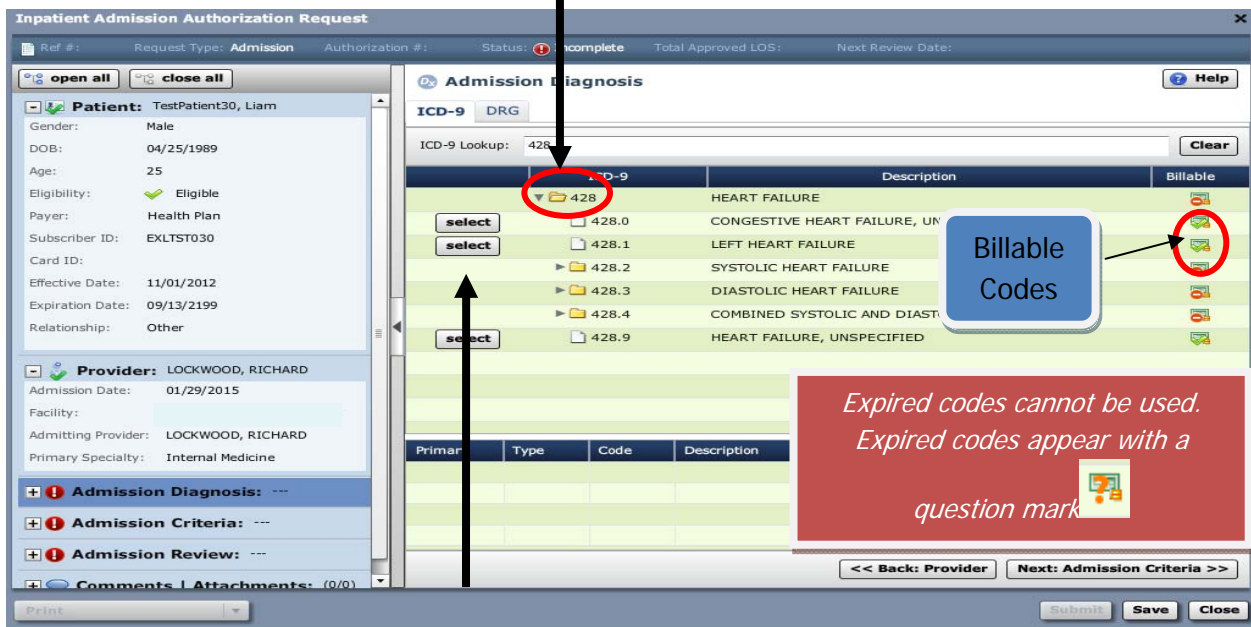
TIP: If code is known, please enter the actual code



Enter the primary diagnosis code only

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

1a. If the code has a red line through it , it is not a billable code. Click on the icon to expand the section to search for a billable code:



2. Click "Select" to add the primary diagnosis code.

CREATING A NEW AUTHORIZATION REQUEST

Inpatient Admission Authorization Request

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

Admission Diagnosis: ICD-9 (1) | DRG (0)

ICD-9 DRG

ICD-9 Lookup: 428 Clear

ICD-9	Description	Billable
428	HEART FAILURE	
<input type="button" value="select"/> 428.0	CONGESTIVE HEART FAILURE, UNSPECIFIED	<input type="button" value="trash"/>
<input type="button" value="select"/> 428.1	LEFT HEART FAILURE	<input type="button" value="trash"/>
428.2	SYSTOLIC HEART FAILURE	<input type="button" value="trash"/>
428.3	DIASTOLIC HEART FAILURE	<input type="button" value="trash"/>
428.4	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE	<input type="button" value="trash"/>
<input type="button" value="select"/> 428.9	HEART FAILURE, UNSPECIFIED	<input type="button" value="trash"/>

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	428.0	CONGESTIVE HEART FAILURE, UNS...	--select--	<input type="button" value="trash"/>

3. Click the "Admission Type" drop down.

3a. Select the appropriate "Admission Type"

If an incorrect diagnosis is chosen, you can use the "trash can" to remove the incorrect code.

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	428.0	CONGESTIVE HEART FAILURE, UNS...	<div style="border: 2px solid red; border-radius: 50%; padding: 5px;"> --select-- Chemo --select-- Maternity Urgent Elective </div>	<input type="button" value="trash"/>

4. Click "Next: Admission Criteria >>"

Admission Type:


- Elective Chemo = Chemo
- Elective Epilepsy = Elective
- Medical Admissions = Urgent
- Hospital to Hospital Transfer = Urgent

CREATING A NEW AUTHORIZATION REQUEST

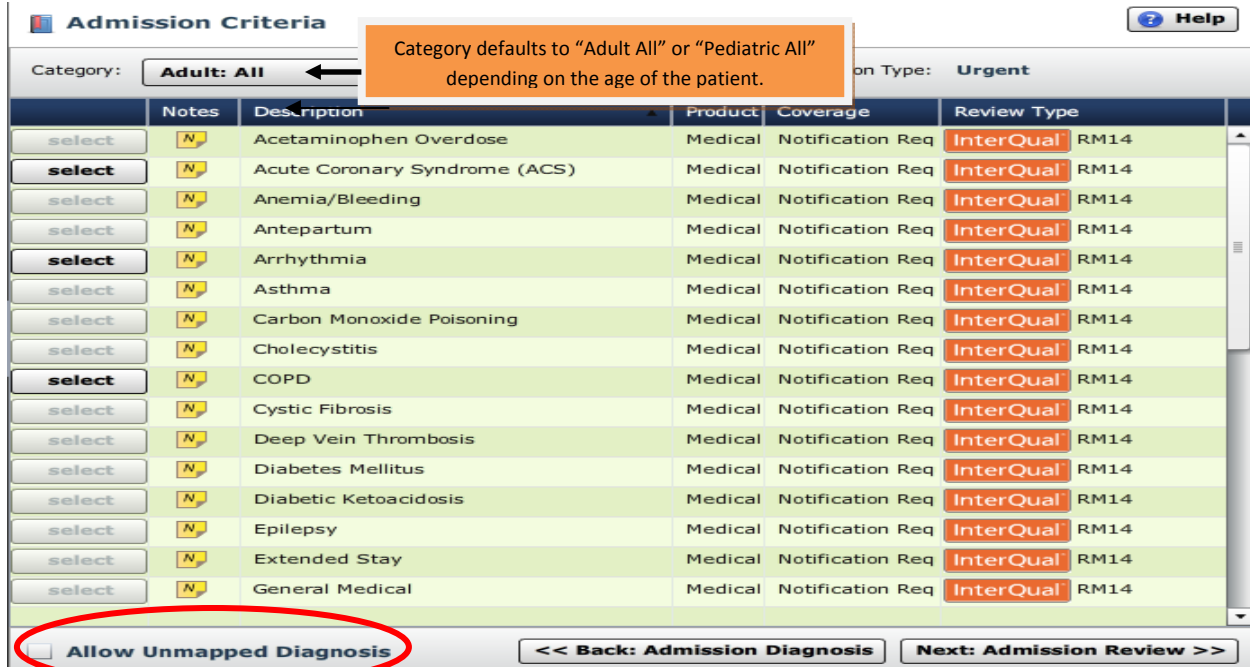
F.



Completion of a medical review tool is required for certain diagnoses only

 All other admissions will require **notification only**. A selection must be made in this section but completion of the medical review tool is not required.

1. Select the appropriate criteria subset for the review



Category: **Adult: All** ← Category defaults to "Adult All" or "Pediatric All" depending on the age of the patient.

	Notes	Description	Product	Coverage	Review Type
<input type="button" value="select"/>	N	Acetaminophen Overdose	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Acute Coronary Syndrome (ACS)	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Anemia/Bleeding	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Antepartum	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Arrhythmia	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Asthma	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Carbon Monoxide Poisoning	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Cholecystitis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	COPD	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Cystic Fibrosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Deep Vein Thrombosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Diabetes Mellitus	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Diabetic Ketoacidosis	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Epilepsy	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	Extended Stay	Medical	Notification Req	InterQual RM14
<input type="button" value="select"/>	N	General Medical	Medical	Notification Req	InterQual RM14

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

- If the criteria is not "mapped" to the diagnosis that was entered as the primary admission diagnosis, it is not available to select. Select **"Allow Unmapped Diagnosis"** if needed, to use a different criteria set.

A criteria subset page will display pertinent information regarding the criteria selected.

If you selected an incorrect criteria set, return to the "Admission Criteria" accordion and change the selected criteria.

CREATING A NEW AUTHORIZATION REQUEST

2. For admissions that do **not** require completion of the medical review tool:
 - A. Select the most appropriate criteria subset
 - B. Click **"Submit"**
 - C. Skip to page 45

Inpatient Admission Authorization Request

Ref #: Request Type: Admission Authorization #: Status: **Not Submitted** Total Approved LOS: Next Review Date:

Admission Criteria

Acute Coronary Syndrome (ACS)

Category: **Adult Medical**

Acute coronary syndrome (ACS) refers to a spectrum of symptomatic myocardial ischemia that encompasses unstable angina (UA), non-ST-segment elevation myocardial infarction (STEMI), and ST-segment elevation myocardial infarction (STEMI).

UA presents as:

- Rest angina: prolonged angina (typically lasting over 20 minutes) occurring at rest
- New onset severe angina: Canadian Cardiovascular Society (CCS) class III or IV angina (e.g., marked or complete physical limitations) beginning less than two months ago
- Increasing angina: previously diagnosed angina with increased frequency, duration, or intensity (e.g., reclassification to at least CCS Class III)

Acute myocardial infarction (AMI) is defined as a detection of the rise and/or fall of cardiac biomarkers (troponin or CPK-MB) together with evidence of myocardial ischemia on an electrocardiogram (ECG). There are two types of AMI:

- NSTEMI – ECG ST-segment depression or T wave inversion and positive biomarkers
- STEMI – ECG ST segment elevation and positive biomarkers

Evaluation and Treatment:

Management of ACS includes rapid evaluation, prompt pharmacological or mechanical reperfusion therapy, and management of arrhythmias and hemodynamic instability. Patients presenting with chest, arm, jaw, or shoulder pain or other typical equivalents such as diaphoresis, shortness of breath, or excessive fatigue, determination. A high index of suspicion is warranted. A significant proportion of patients with a history of heart failure, do not present with a high risk of mortality. It is also applicable to patients under the age of 40 years and in whom ACS could be utilized to guide patient placement at

Indicates if medical review is required

Change Selected Criteria << Back: Admission Diagnosis Next: Comments | Attachments >>

Submit Save Close

3. For admissions that do require completion of the medical review tool:
 - A. Click on **"Next: Admission Review >>"**
 - B. Begin medical review (see next page)

Inpatient Admission Authorization Request

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

Admission Criteria

Epilepsy

Category: **Adult Medical**

Instruction:

This subset is for patients with known or suspected epilepsy with tonic-clonic (grand mal) seizures and excludes simple and complex partial types. Seizures related to other underlying issues such as traumatic brain injury, metabolic imbalances, alcohol withdrawal, and fever are also excluded and can be found in the **General Medical** subset.

Introduction:

Epilepsy is a neurologic disorder that is characterized by the occurrence of two or more unprovoked seizures. The seizures are caused by an abnormal hypersynchronous discharge of the cortical neurons and can be classified into two major classes, partial and generalized.

Partial Seizures

- Simple partial: Consciousness is preserved and includes sensory, motor, autonomic, and psychic types. Auras are included in simple partial seizures
- Complex partial: Consciousness is impaired and typically begins with a pause in activity and is followed by staring, lips smacking, mumbling, or fumbling with hands. The seizure usually lasts 60-90 seconds with a brief postictal period
- Secondary generalized: Often begins with an aura, evolves into a complex partial, spreads to the rest of the brain, and resembles a generalized tonic-clonic seizure

Generalized Seizures

- Generalized tonic-clonic (grand mal): Generalized tonic extension of the extremities lasting for a few seconds, followed by clonic rhythmic movement. There is usually a prolonged postictal period
- Absence seizures (petite mal): A brief episode of impaired consciousness with no aura or postictal confusion that typically lasts less than 20 seconds
- Myoclonic: Brief, jerking motor movements that last less than a second and usually cluster within a few minutes
- Atonic: Occur in patients with significant neurologic abnormalities and consist of a brief loss of postural tone,

Change Selected Criteria << Back: Admission Diagnosis Next: Admission Review >>

Save & Print Submit Save Close

CREATING A NEW AUTHORIZATION REQUEST

G.



1. Click on "Launch Medical Review"

Inpatient Admission Authorization Request

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

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: Adult Medical

Admission Review: Not Started

Comments | Attachments: (0/0)

Admission Review (Required) Help

Epilepsy Not Started

- Episode Day 1: Not Started
- Episode Day 2: Not Started
- Episode Day 3: Not Started
- Episode Day 4: Not Started
- Episode Day 5: Not Started

Launch Medical Review

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

Save & Print Submit Save Close

2. Select the appropriate Episode Day

Inpatient Admission Medical Review

Patient: TestPatient30, Liam

General Medical Version RM14 Not Started InterQual

Episode Day 1 Episode Day 2 Episode Day ...

Episode Day 1: One open all close all

- OBSERVATION, ≥ One: N
- ACUTE, ≥ One: N
- INTERMEDIATE, ≥ One: N
- CRITICAL, ≥ One: N

Submit Episode Day 1 at:

Save Cancel

CREATING A NEW AUTHORIZATION REQUEST

3. Select the most appropriate level of care



Do **NOT** choose Observation level of care

Inpatient Admission Medical Review
Patient: TestPatient30, Liam
Epilepsy
Version RM14
Not Started
InterQual
Episode Day 1 Episode Day 2 Episode Da... Episode Day 4 Episode Day 5
Episode Day 1: One
open all close all
+ OBSERVATION, One: N
+ ACUTE, One: N
+ CRITICAL, Both: N
Submit Episode Day 1 at:
Save Cancel

4. Conduct medical review in accordance with the InterQual™ Acute Criteria Review Process for the subset selected

Inpatient Admission Medical Review
Patient: TestPatient30, Liam
Epilepsy
Version RM14
Not Started
InterQual
Episode Day 1 Episode Day 2 Episode Da... Episode Day 4 Episode Day 5
Episode Day 1: One
open all close all
+ OBSERVATION, One: N
- ACUTE, One: N
+ Known seizure disorder, All:
+ New onset seizure and ≥ 2 within 24h, All: N
+ Pregnancy and seizure or postictal state (excludes eclampsia), Both: N
+ Video EEG monitoring and admission precertified, Both: N
+ CRITICAL, Both: N
Submit Episode Day 1 at:
Save Cancel

Tip:
Read all corresponding notes

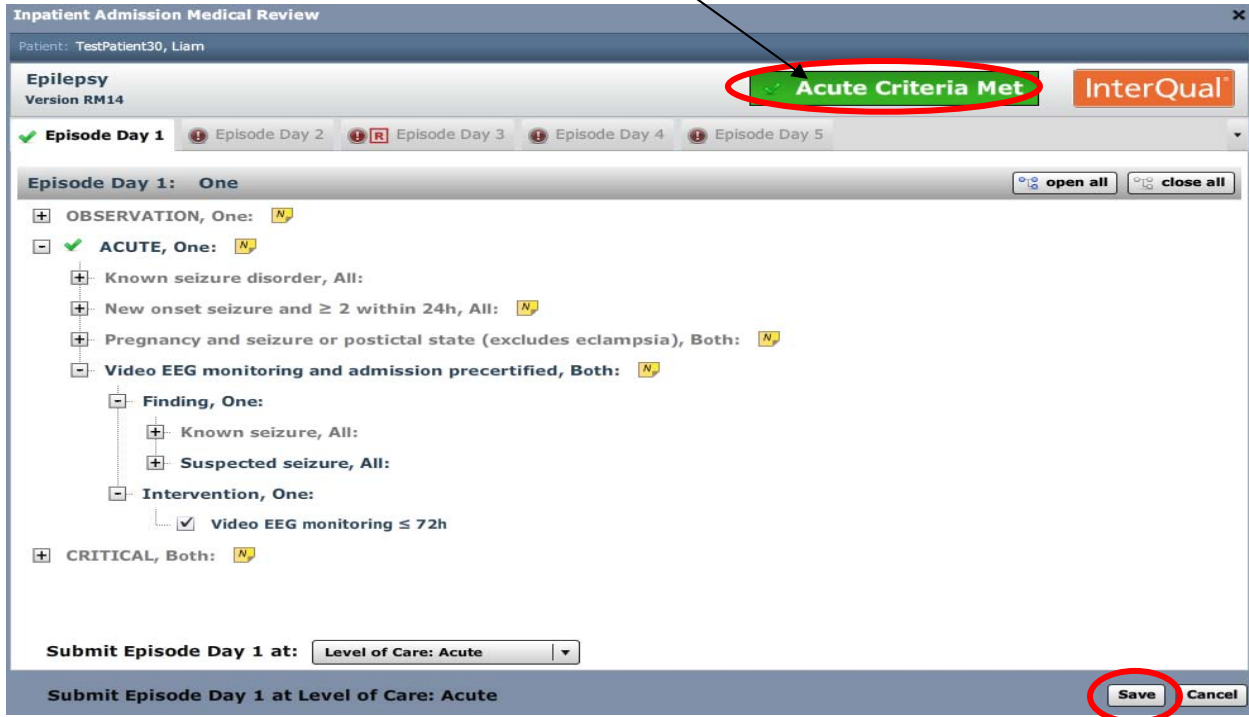
CREATING A NEW AUTHORIZATION REQUEST

H.



1. If "Acute Criteria Met": (If "Acute Criteria Not Met", skip to step 2)

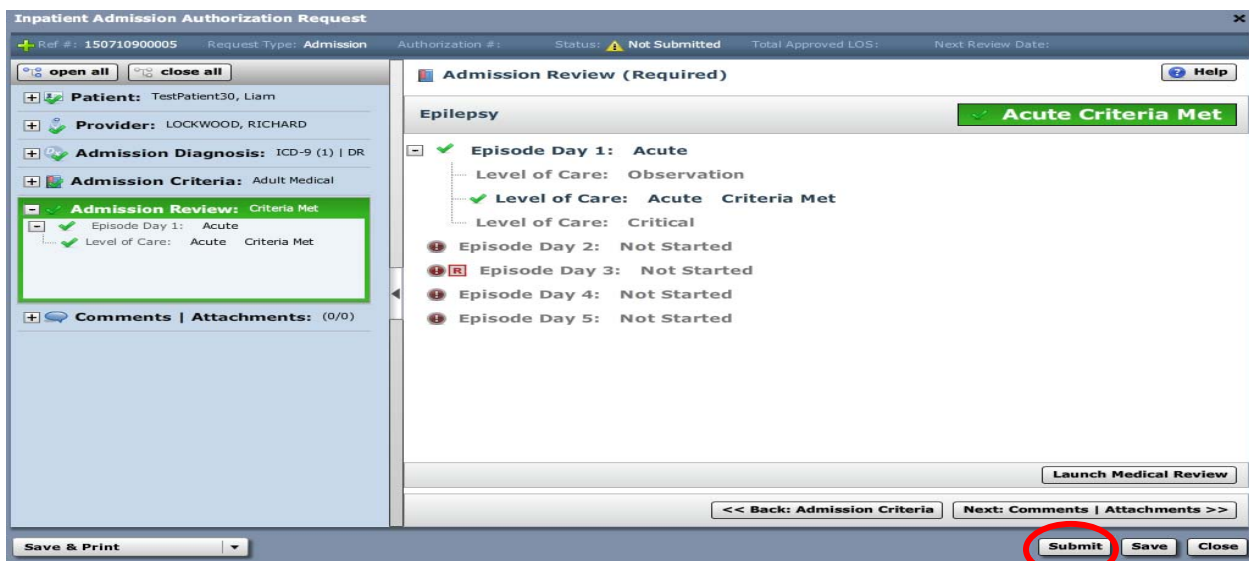
1a. Click the "Save" button

The screenshot shows the "Inpatient Admission Medical Review" window for patient "TestPatient30, Liam". The main heading is "Epilepsy Version RM14". A green button labeled "Acute Criteria Met" is circled in red. Below the heading, there are tabs for "Episode Day 1" through "Episode Day 5". Under "Episode Day 1: One", there is a tree view of criteria: "OBSERVATION, One: N", "ACUTE, One: N" (expanded), "Known seizure disorder, All:", "New onset seizure and ≥ 2 within 24h, All: N", "Pregnancy and seizure or postictal state (excludes eclampsia), Both: N", "Video EEG monitoring and admission precertified, Both: N" (expanded), "Finding, One:" (expanded), "Known seizure, All:", "Suspected seizure, All:", "Intervention, One:" (expanded), "Video EEG monitoring ≤ 72h" (checked), and "CRITICAL, Both: N". At the bottom, there is a "Submit Episode Day 1 at:" dropdown menu set to "Level of Care: Acute" and a "Save" button circled in red.

The completed medical review outcome will display:

1b. Click the "Submit" button

1c. Go to Step 3

The screenshot shows the "Inpatient Admission Authorization Request" window for patient "TestPatient30, Liam". The status is "Not Submitted". The main heading is "Admission Review (Required)". A green button labeled "Acute Criteria Met" is circled in red. Below the heading, there is a tree view of criteria: "Admission Review: Criteria Met" (expanded), "Episode Day 1: Acute" (expanded), "Level of Care: Observation", "Level of Care: Acute Criteria Met" (checked), "Level of Care: Critical", "Episode Day 2: Not Started", "Episode Day 3: Not Started", "Episode Day 4: Not Started", and "Episode Day 5: Not Started". At the bottom, there is a "Submit" button circled in red, along with "Save" and "Close" buttons.

CREATING A NEW AUTHORIZATION REQUEST

2. If "Acute Criteria Not Met":

2a. Click on the "Submit Episode Day 1 at:" dropdown and select the level of care

Inpatient Admission Medical Review

Patient: TestPatient30, Liam

Epilepsy
Version RM14

Criteria Not Met InterQual

Episode Day 1 Episode Day 2 Episode Day 3 Episode Day 4 Episode Day 5

Episode Day 1: One

OBSERVATION, One: N/A

ACUTE, One: N/A

- Known seizure disorder, All:
- New onset seizure and ≥ 2 within 24h, All: N/A
- Pregnancy and seizure or postictal state (excludes eclampsia), Both: N/A
- Video EEG monitoring and admission precertified, Both: N/A
 - Finding, One:
 - Intervention, One:
 - Video EEG monitoring \leq 72h

CRITICAL, Both: N/A

Submit Episode Day 1 at:

- Level of Care: None
- Level of Care: Observation
- Level of Care: Acute
- Level of Care: Critical

NOTE: If "responder" criteria was utilized and you would like additional days, select the "Level of Care: None" and continued with step 2b.

Save Cancel

2b. Click "Save"

2c. Click "Next: Comments | Attachments"

Inpatient Admission Authorization Request

Ref #: 150710900005 Request Type: Admission Authorization #: Status: Incomplete Total Approved LOS: Next Review Date:

open all close all

Patient: TestPatient30, Liam

Provider: LOCKWOOD, RICHARD

Admission Diagnosis: ICD-9 (1) | DR

Admission Criteria: Adult Medical

Admission Review: Criteria Not Met

- Episode Day 1: Acute
 - Submit at Level of Care: Acute

Comments | Attachments: (0/0)

Admission Review (Required)

Epilepsy **Criteria Not Met**

Episode Day 1: Acute

- Level of Care: Observation
- Submit at Level of Care: Acute
- Level of Care: Critical

Episode Day 2: Not Started

Episode Day 3: Not Started

Episode Day 4: Not Started

Episode Day 5: Not Started

Launch Medical Review

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

Save & Print Submit Save Close

CREATING A NEW AUTHORIZATION REQUEST

2d. **Comments | Attachments** - additional information in the form of notes and/or attached documents that support the authorization request is always required when the "criteria is not met".

- Type free text note in the free text field

And/or:

- Click the **"Browse"** button to add attachments as needed

The screenshot shows the 'Inpatient Admission Authorization Request' interface. The status is 'Incomplete'. The left sidebar contains patient and provider information. The main area shows a table for 'Comments | Attachments: (0/0)'. Below the table is the 'Add Comment / Attachment' section, which includes a text area for 'type supporting notes here' and a 'Browse' button for attachments. A green callout box with a white border contains the text: 'Type any supporting documentation in this box. There is a 4000 character limit.' The 'Add Comment' button is circled in red.

2e. Click **"Add Comment"**

2f. Click **"Submit"**

*If you are not ready to submit the request, you can click the **"Save"** button and continue the request later

Note: If the SUBMIT button is grayed out, hover over it and it will show what is missing and needs to be completed prior to submitting the request.

The screenshot shows the 'Inpatient Admission Authorization Request' interface. The status is 'Not Submitted'. The left sidebar contains patient and provider information. The main area shows a table for 'Comments | Attachments: (1/0)'. The table has one row with the following data: Date: 02/09/2015, Time: 2:22 PM, Author: Muller, Susan, Comment: type supporting notes here. Below the table is the 'Add Comment / Attachment' section, which includes a text area for 'Type Comment Here' and a 'Browse' button for attachments. A green callout box with a white border contains the text: 'Note will display with date, time, author and comment'. The 'Submit' button is circled in red.

CREATING A NEW AUTHORIZATION REQUEST

3. Add a phone number (name auto populates) and click the **“Submit”** button

Note: Name can be manually changed, as needed.

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="Susan"/>	<input type="text" value="ne"/>
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" value="5555"/>

4. An information box will appear. If the request is auto-approved, the reference number AND the payer authorization number will appear as well as the length of stay and the next review date (if applicable).

Click **“Close”**

Authorization Submitted

Reference #:	150710900005
Payer Certification #:	MC0010569
Authorization Status:	Authorized
Admission Date:	03/12/2015
Category:	Adult : Medical
Criteria:	Epilepsy
Approved Length of Stay:	5 days
Next Review Date:	03/17/2015

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

You can click on **“View Request”** for a summary of the authorization. The summary can be printed or saved electronically in the patient's medical record.

If the authorization is pended, The “Payer Certification #” field will be blank.

Authorization Submitted

Reference #:	150360800006
Payer Certification #:	
Authorization Status:	Pending
Admission Date:	02/09/2015
Category:	Adult : Medical
Criteria:	General Medical
Next Review Date:	

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

CREATING A NEW AUTHORIZATION REQUEST

If the authorization request, did not require a medical review, the authorization status will be "Notified" and you will receive a reference # and payer certification #

Authorization Submitted

Reference #: 150410800005

Payer Certification #: MC0009242

Authorization Status: 📄 Notified

Admission Date: 02/10/2015

Category: Adult : Medical

Criteria: Acute Coronary Syndrome (ACS)

Approved Length of Stay: 14 days

Next Review Date: 02/24/2015

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

Close



The authorization request process is now complete. If the request was pended, you must monitor the home page for any status change and/or activity (Excellus BCBS will update this information if further records are needed or if the request has been approved, denied, etc.). You will also receive a letter in the mail and verbal notification if the authorization was approved or denied.

Clear Coverage™ Susan Muller | Strong Memorial Hospital-00000000746 | [Log](#)

Authorization Requests | [New Authorization](#) | [Integration](#) | [Administration](#)

Search Inpatient Authorization Requests and Notifications

Patient Last Name: Patient First Name:

Date Created: Status: Request Type: Payer: Subscriber/Card: Admitting Provider: Reference Type: Reference Number:

Search Results: Authorization and Notifications Results

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
<input type="button" value="Action"/>	02/10/2015	TestPatient30, Lie	Health Plan	02/10/2015	02/24/2015	Admission	📄 Notified	Adult: Medical	Facility name	Medical	LOCKWOOD, F
<input type="button" value="Action"/>	02/05/2015	TestPatient30, Lie	Health Plan	01/31/2015	02/05/2015	Admission	✅ Authorized	Adult: Medical		Medical	LOCKWOOD, F
<input type="button" value="Action"/>	02/05/2015	TestPatient30, Lie	Health Plan	02/09/2015		Admission	⏸ Pending	Adult: Medical		Medical	LOCKWOOD, F

Next Review date will appear, if applicable

NOTES

CREATING A CONTINUED STAY REQUEST

Note: multiple continued stay requests can be added during the course of a single admission.

Not all admissions will require a continued stay review.

1. Locate patient by conducting an authorization search. Click **“Authorization Requests”** button on the menu bar.

2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click **“Search”**

3a. If the patients name does not display, click **“Clear”** to begin a new search.

4. Locate the correct authorization.

➤ click the **“Action”** button drop down arrow.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provider
Action	02/10/2015	TestPatient30, Liam	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Liam	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Liam	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select **“Add Cont. Stay”**

Action	Created	Patient
Action	02/10/2015	TestPatient30, Liam
Action	02/05/2015	TestPatient30, Liam
Open Detail	2015	TestPatient30, Liam
Add Cont. Stay		
Add Discharge		

CREATING A CONTINUED STAY REQUEST

6. Click **"Cont. Stay Criteria"** accordion.

This will default to the criteria subset that was used for the admission or from a previous continued stay request.

6A. If the selected subset is no longer clinically appropriate due to a change in condition, select a different subset by clicking **"Change Selected Criteria"**;

- ❖ Click **"Select"** for the new subset and go to step 7.

The screenshot shows a form for a patient named TestPatient30, Liam, with provider LOCKWOOD, RICHARD. The admission date is 01/31/2015. The 'Cont. Stay Criteria' section is currently set to 'Adult Medical'. A blue arrow points to this section with the text 'Step 6'.

7. Click **"Next: Cont. Stay Review>>"**

The screenshot shows the 'Inpatient Continued Stay Authorization Request' form. The 'Cont. Stay Criteria' section is expanded to show 'General Medical' with an 'Adult Medical' category. The 'Next: Cont. Stay Review >>' button is circled in red.

CREATING A CONTINUED STAY REQUEST

8. If a medical review is required, Click **“Launch Medical Review”**

Inpatient Continued Stay Authorization Request

Ref #: 150360800008 Request Type: Continued Stay Authorization #: Status: ❗ Incomplete Total Approved LOS: 5 days Next Review Date: 02/05/2015

Cont. Stay Review (Required) ? Help

General Medical ❗ Not Started

- ❗ Episode Day 1: Not Started
- ❗ Episode Day 2: Not Started
- ❗ Episode Day 3-X: Not Started

Launch Medical Review (circled in red)

<< Back: Cont. Stay Criteria Next: Comments | Attachments >>

Save & Print Submit Save Close

9. Click on appropriate **“Episode Day”**
10. Conduct medical review in accordance with the InterQual™ Acute Criteria Review Process for the subset selected. See pages 40-46.

ADDING DISCHARGE DATE



Do NOT add a discharge date until the patient has left the facility

1. Locate patient by conducting an authorization search. Click **“Authorization Requests”** button on the menu bar.

Authorization Requests | New Authorization | Integration | Administration

Search Inpatient Authorization Requests and Notifications

Patient Last Name: testpatient30 | Patient First Name: liam

Date Created: Last 7 Days | Status: All | Request Type: All | Payer: All | Subscriber/Card: | Admitting Provider: | Reference Type: All | Reference Number: |

Search Results: Authorization and Notifications Results

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov	Attending Provi
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2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click **“Search”**
 - 3a. If the patient's name does not display, click **“Clear”** to begin a new search
4. Locate the correct authorization.

➤ Click the **“Action”** button drop down arrow.

Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
02/10/2015	TestPatient30, Lia	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
02/05/2015	TestPatient30, Lia	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
02/05/2015	TestPatient30, Lia	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select **“Add Discharge”**

Created	Patient
02/10/2015	TestPatient30, Lia
02/05/2015	TestPatient30, Lia
2015	TestPatient30, Lia

Action

- Open Detail
- Add Cont. Stay
- Add Discharge

ADDING DISCHARGE DATE

6. Click "Next: Discharge >>"

The screenshot shows the 'Inpatient Discharge Authorization Request' form. The 'Discharge Diagnosis' section is active, displaying a table with one row: ICD-9 code 346.71, description 'CHRONIC MIGRAINE WITHOUT AU...', and DRG 0. A blue arrow labeled 'Step 6' points to the 'Next: Discharge >>' button at the bottom right of the form.

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	346.71	CHRONIC MI...		

7. Enter "Discharge Date"

The screenshot shows the 'Inpatient Discharge Authorization Request' form with the 'Discharge' section active. The 'Discharge Date' is set to 02/10/2015. The 'Discharge Disposition' dropdown menu is open, showing options: Deceased, Home, Home Care, Hospice, and Long Term Acute Care. A red arrow labeled 'Step 7' points to the 'Discharge Date' field, and another red arrow labeled 'Step 8 (optional)' points to the 'Discharge Disposition' dropdown menu.

8. Optional: click the "Discharge Disposition" drop down arrow.

➤ Select appropriate disposition.

9. Click "Submit"

ADDING DISCHARGE DATE

Status is updated on the patients authorization history page:

Search Results: Authorization and Notifications Results

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action	02/10/2015	TestPatient30, Lig	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lig	Health Plan	01/31/2015		Discharge				Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lig	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

NOTES

CANCELLING A REQUEST

1. Locate patient by conducting an authorization search. Click "**Authorization Requests**" button on the menu bar.

2. Enter search criteria such as: first and/or last name, subscriber ID, reference number.
3. Click "**Search**"
 - 3a. If the patient's name does not display,click "**Clear**" to begin a new search
4. Locate the correct authorization.

➤ Click the "**Action**" button drop down arrow.

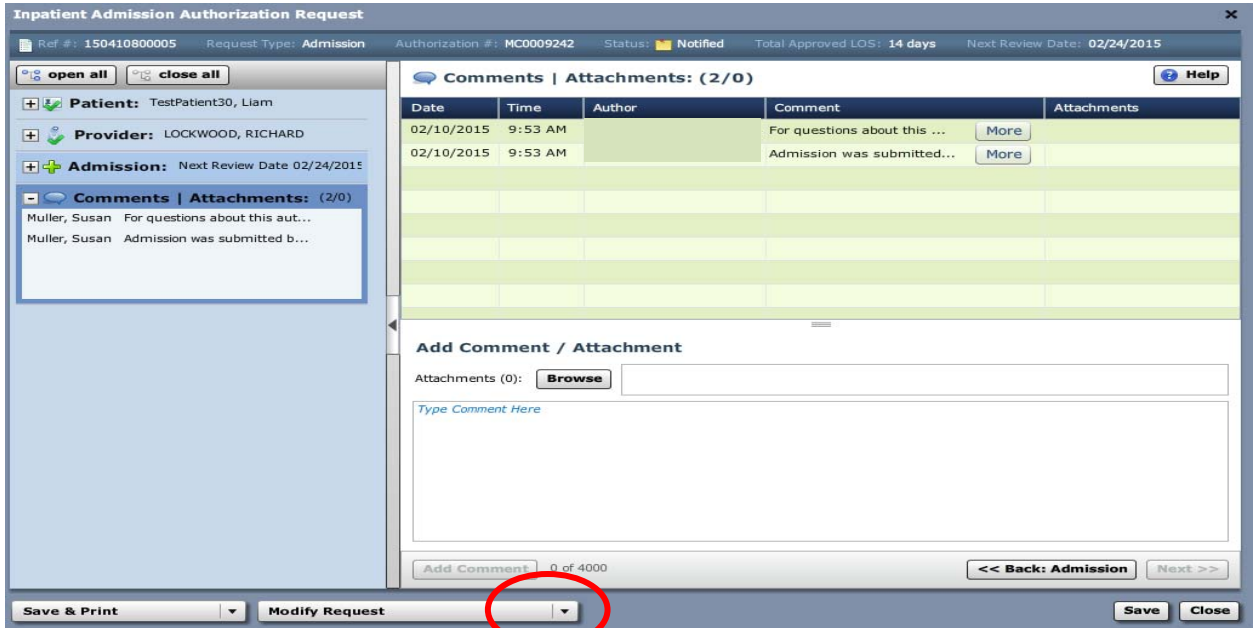
	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action	02/10/2015	TestPatient30, Lia	Health Plan	02/10/2015	02/24/2015	Admission	Notified	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lia	Health Plan	01/31/2015	02/05/2015	Admission	Authorized	Adult: Medical		Medical	LOCKWOOD, F
Action	02/05/2015	TestPatient30, Lia	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

5. Select "**Open Detail**"

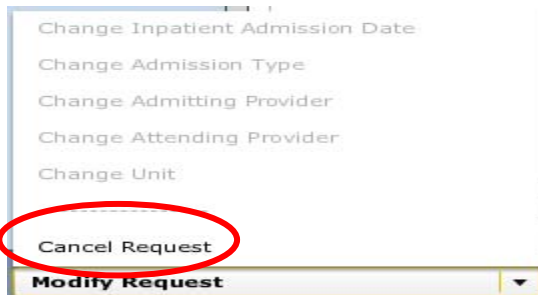
	Created	Patient
Action	02/10/2015	TestPatient30, Lia
Action	02/05/2015	TestPatient30, Lia
Open Detail	2015	TestPatient30, Lia
Add Cont. Stay		
Add Discharge		

CANCELLING A REQUEST

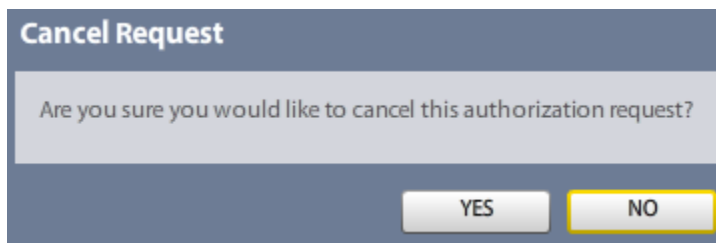
6. Click on **"Modify Request"** drop down arrow.



7. Select **"Cancel Request"**



8. A popup box appears. Click **"Yes"**



9. The request has been cancelled and the status is automatically updated.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Prov
Action ▾	02/10/2015	TestPatient30, Lie	Health Plan	02/10/2015	02/24/2015	Admission	Cancelled	Adult: Medical		Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	01/31/2015		Discharge				Medical	LOCKWOOD, F
Action ▾	02/05/2015	TestPatient30, Lie	Health Plan	02/09/2015		Admission	Pending	Adult: Medical		Medical	LOCKWOOD, F

TIPS


- Always check patient's eligibility and benefits in the provider portal **PRIOR** to accessing Clear Coverage™.
- Authorizations can be "saved" without submitting. Check daily for "incomplete" authorizations. The "submit" button must be clicked or the request will not be sent to Excellus BlueCross BlueShield.

	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provi
Action v	02/16/2015	<u>TestPatient30, Liar Health Plan</u>		02/16/2015		Admission	Incomplete	Adult: Surgical			LOCKWOOD, RI
Action v	02/10/2015	<u>TestPatient30, Liar Health Plan</u>		02/10/2015	02/24/2015	Admission	Canceled	Adult: Medical			LOCKWOOD, RI

- If the "submit" button is not visible, click F11.
- If the "submit" button is gray, hover over it to determine what is missing in the authorization request.
- Underlined fields can be selected to obtain additional information:

Action v	02/10/2015	<u>TestPatient30, Liar Health Plan</u>		02/10/2015	02/24/2015	Admission	Canceled	Adult: Medical			
----------	------------	----------------------------------------	--	------------	------------	-----------	----------	----------------	--	--	--

- Trash can icon can be used to delete unnecessary or incorrect items:

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-9	728.0	INFECTIVE MYOSITIS	Urgent	

- Hospital to hospital transfers must be requested by the receiving hospital. These requests will always pend for review. Attach supporting documentation to the request.
- Requests for all FEP contracts will always pend for review. Attach supporting documentation to the request.

NOTES

Password Requirements

- 1. Do I need a separate user ID and password to access Clear Coverage™ from the provider portal?**

Yes. You will need to log into the provider portal and verify patient eligibility and benefits. From that screen, if you wish to enter an authorization or check a Clear Coverage™ authorization status, select a link and enter your Facets provider ID and password (NPI number) to log into Clear Coverage™.
- 2. How do I search for a patient within Clear Coverage™?**

Searching for a patient requires the patient's last name, first name and date of birth. This must be an exact match.
- 3. Even though I have entered in the patient's last name, first name and date of birth, what should I do if the patient is not found?**

If the search does not result in the expected patient, contact Customer Care.
- 4. How do I determine whether the patient has coverage for the requested service?**

Upon logging into the provider portal and prior to accessing Clear Coverage™, conduct an eligibility and benefit search.
- 5. Why can't I add a patient in Clear Coverage™?**

Excellus BCBS does not allow providers to add patients to the system. All patient information is updated on a regular basis. If the patient does not come up when you search, contact Excellus BlueCross BlueShield Customer Care at 1-800-363-4658.
- 6. If the patient appears to have multiple coverages listed in Clear Coverage™ under the Patient accordion ("Change payment type button"), which coverage do I select?**

You should select the coverage that corresponds to the information on the ID card that the patient presented.

Clinical Information

- 7. If a non-clinical person enters the initial information (patient, provider, admission date, diagnosis) and saves it, can the person completing the medical review update the diagnosis if it is incorrect (or incomplete)?**

Yes. Any of the information entered can be updated as long as the request has not been submitted. Once the request has been submitted the requester can only add a continued stay request, add discharge date or cancel the request.

Workflow/Processes

8. **What does the green check  mean?**

A green check means that all required information is present or has been entered for that specific section (e.g., patient, provider, diagnosis etc.).

9. **What does the red exclamation point  mean?**

A red exclamation point indicates that additional information is required for that section.

10. **What happens if a provider has called prior to the patient's "active" coverage?**

Preauthorization cannot be obtained until after the patient's eligibility is in Clear Coverage™. If the patient does not have active coverage, the patient's name will not be displayed in the patient search.

11. **How are appeals managed within Clear Coverage™?**

Appeals will not be managed in Clear Coverage™. Appeals will be managed by Excellus BCBS via the normal appeals process.

12. **Can an authorization be entered retrospectively?**

Yes. Authorizations can be backdated five calendar days.

13. **How far into the future can a preauthorization be conducted?**

Excellus BCBS allows preauthorization to be conducted up to 90 days prior to the date of service.

14. **How many diagnosis codes do I need to enter?**

You must enter the primary diagnosis code only for an authorization.

15. **In Clear Coverage™, what is the function of the trash can  ?**

Clicking on the trash can will remove the item from the authorization request. For example, if you entered an incorrect diagnosis, click on the trash can to remove this diagnosis from the request.

16. **How will I know the final authorization determination when a request requires Excellus BCBS review?**

Excellus BCBS will continue to follow current-day processes for all decisions. The provider will receive a letter and will also receive a phone call. The provider may also check the status and/or activity column within Clear Coverage™ for *a real-time decision*.

17. **What do I do if I don't have all of the required clinical information to complete the request?**

You can save your request, gather the required information, locate and select the incomplete request and complete the review.

CLEAR COVERAGE FAQs

18. Does the system auto-deny requests?

There are no auto-denials. Any request requiring Excellus BCBS review will result in a “pending” status and will be reviewed by Excellus BCBS. Any request resulting in a denial requires medical director review prior to a final denial determination.

Documenting Notes and Uploading Clinical Documentation

19. Can I add medical review notes that provide information supporting the necessity of the request?

Yes, providers can add notes within the medical review and can upload copies of the medical record in support of the authorization request. Notes must be added before submitting the request.

20. When should I attach clinical information to an authorization request?

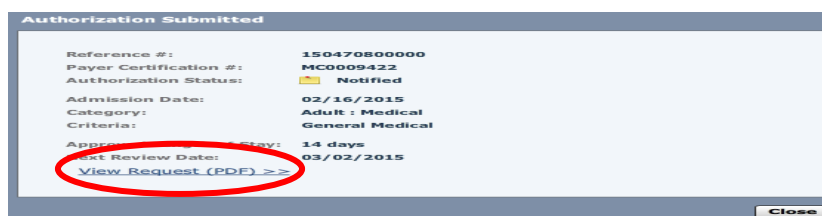
You should consider attaching clinical information anytime the medical review results in a “Criteria Not Met” message. Providing supporting clinical information for the request will facilitate Excellus BCBS’s review of the request.

21. What types of files can be attached to Clear Coverage™?

You can attach a document, PDF or JPG file.

22. How do I print the authorization approval so it can be included in the patient’s record and /or provided to the patient?

After entering the authorization request, select the “**View Request (PDF)**” link in the request box.



23. Can a provider add information to a denied request to have it re-reviewed?

No. Once an authorization request has been denied, the normal appeal/grievance process must be followed.

Help

24. Who can I call with questions?

Excellus BlueCross BlueShield Customer Care 1-800-363-4658

NOTES