

## ANSWERS TO FREQUENTLY ASKED QUESTIONS

Posted

### General Questions:

5/7/10

**Q) How will I know why my authorization request is pending?**

A) Check your request to see if information has been requested. Scroll on the right side to see the most recent note from the reviewer.

5/7/10

**Q) What can I do to decrease the wait time for an authorization decision?**

A) Click on “Incomplete” and answer all the medical review questions. Help us know as much as possible about your patient’s medical status. Include additional clinical information on notes and with attachments. See page 19 of the Clear Coverage Training Manual for directions on adding notes and attaching documentation.

If you have an electronic medical record, you can copy and paste information into the note screen. Pasting the medication list, symptoms, history and physician’s plan for treatment from the electronic medical record is very helpful.

You can also fax the information to us at (866) 893-7795 using the printable fax cover sheet. The printable fax cover sheet may look strange because it has a number and bar code that matches to the patient and requested test in the Clear Coverage system.

5/7/10

**Q) Why does my authorization PDF say “Approved” and then scrolling down it says “Not Recommended”.**

A) You will know you have an approved authorization if it says “Approved” on page one and if there is a PA number. The status of “Not Recommended” that you see later in the documentation indicates that the initial criteria review did not support the approval. However, additional information that you provided outside the Clear Coverage system allowed the reviewer to approve the request.

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**Q) Are retroactive authorizations allowed?**

A) Retroactive authorizations are not currently allowed. These requests would fall outside the policy established for this type of authorization.

5/7/10

**Q) When answering the medical review questions, does “Not Recommended” mean the request will be denied?**

A) No. If you decide to proceed with current request, it will pend for medical review. A nurse will review all documentation and notes provided. If additional information is needed, you may receive a call. This may result in approval at that time, or the request being sent to physician review. The physician reviewer may approve or deny the request. The request will not be denied until it has been reviewed by a physician.

3/5/10

**Q) How can prior authorizations requested by physician assistants be entered?**

A) For the Iowa Medicaid network, Physician Assistants are not recognized individually apart from their Supervising Physician. Therefore, it is appropriate use the Supervising Physician’s information on Clear Coverage to identify a Physician Assistant “in network;” this is the same as it is for claim

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submission. Another option is to select “out of network” and actually identify the specific Physician Assistant using the national NPI database.

3/5/10

**Q) How do FQHC and RHC practitioners request authorizations?**

A) Clinicians with FQHCs and RHCs are not listed as individual IME providers and won't be found in the “in network” list. Select “out of network” and search the NPI database. If you do not find the clinician, send an email to [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us) with the clinician's first and last name, credential (DO, ARNP, etc.) and NPI. Place “NPI not found” in the subject line. This will allow us to have the clinician manually entered into Clear Coverage.

3/5/10

Updated

**Q) Why do so many of my requests result in a pended status?**

5/7/10

A) Requesters are not always completing the review. Be sure to click on the “Incomplete” button on the right side of the page to access the medical review questions. You may have to scroll to see the “Incomplete” button. See page 16 of the Clear Coverage Training Manual.

3/5/10

Updated

**Q) Can I change the answers to the medical questions after I submit the authorization?**

5/7/10

A) No, after an authorization has been submitted, you cannot go back in and either answer or change answers to questions. You can, however, add notes or attach additional information. Enter your email in the Notes section. See page 19 of the Clear Coverage Training Manual for directions on adding notes and attaching documentation.

3/5/10

**Q) What else can I do to facilitate responses to requests that have a pended status?**

A) Provide any additional relevant clinical information either in the form of adding a Note in the request or by attaching documentation. See page 19 of the Clear Coverage Training Manual.

2/24/10

Updated

5/7/2010

**Q) What is the anticipated turnaround time for pended prior authorizations?**

A) IME is staffed only during normal business hours (8 a.m. to 4:30 p.m.) Monday through Friday. Pended authorizations require manual review by medical services staff. If more information than what is contained in and attached to the request is needed, the provider will be contacted for additional information. All final decisions will be posted on the Clear Coverage website. We are working toward completing 90% of requests within one business day.

2/24/10

**Q) Can the servicing provider access the clear coverage website to verify prior authorization?**

A) No, only the ordering provider will have access to verify prior authorizations in compliance with HIPAA regulations. The ordering provider will have the ability to print a two page approval confirmation document with the PA number and fax or email it to the servicing provider.

2/24/10

**Q) How will I learn if a pended PA has been completed?**

A) You or another user with the same Tax ID can verify the status of a pended prior authorization in the Clear Coverage system. This will be updated as soon as the decision has been completed.

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- 2/24/10 Q) **Does the Clear Coverage system verify member eligibility?**  
A) No, the ELVS line and web portal should be used to verify member eligibility at the time of the actual service, this is in accordance with long standing direction from IME. Remember, approval of a prior authorization is not a guarantee of member eligibility and/or payment.
- 2/24/10 Q) **What is a “z-code”?**  
A) Z-codes have been used by Clear Coverage to correlate the CPT codes and specific InterQual Criteria.
- 2/8/10 Q) **Who is responsible for getting a Prior Authorization (PA)?**  
A) The ordering practitioner or the support staff on behalf of the ordering practitioner.
- 2/8/10 Q) **When can a PA be submitted?**  
A) Because Clear Coverage is a web based system PAs can be submitted at anytime. Approved PAs are valid for 60 days.
- 2/8/10 Q) **What does the “date of service” on the web page mean?**  
A) This is the date that the PA was requested. Approved PAs are valid for 60 days.
- 2/8/10 Q) **Can I enter a patient if not found in the Clear Coverage system?**  
A) No, a new patient cannot be entered. The system is updated with Medicaid members on a daily basis. Medicaid eligibility is verified through ELVS and the EDISS web portal.
- 2/8/10 Q) **Who can check or verify a PA status or number in the Clear Coverage system?**  
A) Any user associated with the tax id for which the PA was ordered can verify the status. Any user associated with the tax id for which the PA was ordered can verify the status 24/7.

### Posted Login information:

- 2/8/10 Q) **How to get started?**  
A) STEP 1: Request login information. Please refer to [Provider Login Request Form 470-4876](#) document for the instructions.  
STEP 2: Read the training guide and view webinar recording on how to use the PA system.  
STEP 3: Click on the following link <http://prod.cue4.com/> (copy the link to your web browser, if necessary) to [begin the Prior Auth request.](#)
- 2/8/10 Q) **Must all the ordering practitioners register for a login?**  
A) No. Practitioners may designate one or more support staff in the clinic to obtain logins for requesting PAs on behalf of the ordering practitioner.
- 2/8/10 Q) **Can hospitals register to use the Clear Coverage system to submit a PA?**  
A) The practitioner associated with the hospital or his/her support staff may request the PA as appropriate.

## ANSWERS TO FREQUENTLY ASKED QUESTIONS

### Posted When a PA is required

- 2/24/10  
Updated  
3/3/10
- Q) **Will a prior authorization be required for members with Medicare primary coverage?**  
A) No.  
Medicaid will pay the applicable co-pay, coinsurance, and deductible. Prior authorization from Medicaid will not be required.
- 2/24/10
- Q) **Will a prior authorization be required for members with other insurance?**  
A) Yes, members with insurance other than Medicare will need to have their procedure prior authorized through Clear Coverage.
- 2/8/10
- Q) **Is a PA required if patient is seen in the emergency room?**  
A) No. PA is not required in the emergency room.

### Posted Billing information

- 3/5/10
- Q) **The Informational Release 876 states that the PA number must be included on the claim form. Has this requirement changed?**  
A) Since the Informational Release was sent, we have determined that our programming will look within our system for the PA number authorized by Clear Coverage; therefore, it is not necessary for the provider to put the PA number on the claim form. This update actually makes the process easier for the providers as they do not need to populate the appropriate box on the claim form. However, the claim will not pay, if the PA for that exact test has not been authorized through Clear Coverage.
- 2/8/10  
Updated  
3/5/10
- Q) **Where should the PA number be placed on the UB claim form?**  
A) The PA number should be placed in box 63 of the UB claim form or the electronic equivalent, however, the PA number is not required on the claim. See above question and answer.
- 2/8/10  
Updated  
3/5/10
- Q) **Where should the PA number be placed on the 1500 claim form?**  
B) The PA number should be placed in box 23 of the 1500 claim form or the electronic equivalent, however, the PA number is not required on the claim. See above question and answer.
- 2/8/10  
Updated  
5/7/10
- Q) **Will the PA number be required on claims for both the technical and professional components of the test?**  
A) A PA number is required for an approved PA but will not be required on the claim. Our system will match the claim with an approved PA and pay all matched claims.

### Posted Technical Assistance

- 3/5/10
- Q) **Can a PA request be cancelled by a provider when it is in a pending status?**

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A) Yes, if you no longer want to submit the request, you can cancel. Log into Clear Coverage, click on the pending authorization. The detailed request will appear on the right side of the screen. Click on "Cancel Request".

3/5/10

Q) **What should I do if I can't find the ordering clinician in Clear Coverage?**

A) Email [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us) with the clinician's first and last name, credential (DO, ARNP, etc.) and NPI. Place "NPI not found" in the subject line. This will allow us to have the clinician manually entered into Clear Coverage.

2/24/10

Q) **What is the timeframe for password expiration?**

A) Passwords are good for 60 days. After that time, you will be prompted to change your password.

2/24/10

Q) **Is there a session time out on the application?**

A) After 15 minutes of inactivity, the system will log you out and return you to the login page.

2/24/10

Q) **Is there an 800 number to call Clear Coverage?**

A) No, there is not a number to call for a prior authorization over the phone.

2/8/10 )

Q) **If an employee with a user login has left the practice, how do I cancel the login?**

A) Send an email to [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us) including the details of the access that needs to be revoked: Last Name, First Name, Tax ID and name of the organization.

2/8/10

Q) **Whom should I contact if I have forgotten my password or cannot log in?**

A) Send an email to [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us).

2/8/10

Q) **If I have technical issues with the Clear Coverage system, whom do I contact?**

A) Send an email to [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us)

2/8/10

Q) **If I need assistance with the clinical portion of the Clear Coverage system, whom do I contact?**

A) Send an email to [PAservices@dhs.state.ia.us](mailto:PAservices@dhs.state.ia.us)