

Clear

Claim

ConnectionTM

User's Guide

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Welcome

The Web-based Clear Claim Connection™ is designed to offer information about how Independence Blue Cross evaluates procedure code combinations during professional claims auditing.

This tool offers you a first-hand look into procedure code auditing rules and their clinical rationale while explaining how Independence Blue Cross applies procedure code combination logic.

This guide offers an overview of how to use Clear Claim Connection™, and explains ways it works with other systems and processes. These systems and processes include ClaimCheck®, a software program integrated with Independence Blue Cross's base claims processing system.

Please note: The information provided in Clear Claim Connection™ only speaks to the clinical relationship logic housed within ClaimCheck®, as customized by Independence Blue Cross. Clear Claim Connection™ will not give the final outcome of claims adjudication. Therefore, Clear Claim Connection™ should only be used for validating the clinical rationale of confirmed ClaimCheck® clinical relationship logic. This tool is most effective when used to evaluate the relationship between multiple procedure codes.

Claim Check® and Clear Claim Connection™ are updated regularly for consistency with Company Medical and Claim Payment Policy, new procedure codes, current healthcare trends, and/or medical and technological advances. Claim Check® clinical relationship logic is applied based on the date a claim is processed, reprocessed or adjusted in the Company's claims processing system. Clinical relationship logic is not applied based on the date the service was performed. Therefore, claims that are reprocessed or adjusted for any reason may receive a different editing outcome from Claim Check® based on the clinical relationship logic that is in effect at the time the claim adjustment occurs.

Notwithstanding the foregoing, it is understood that a specific Claim Payment Policy may supercede the terms of this policy with respect to the subject of that Claim Payment Policy only.

Disclaimer

Provider is given access to Clear Claim Connection™ subject to the terms and conditions contained in the agreement between The Company and McKesson, which may be updated from time to time without notice.

Provider's right to access and use Clear Claim Connection™ is non-transferable, nonexclusive, and for the sole purpose of internal use within the United States.

Providers acknowledge that Clear Claim Connection™ software is in no way intended to prescribe, designate, or limit medical care to be provided or procedures to be performed. Provider accepts responsibility for and acknowledges that she/he will exercise her/his own independent judgment using the software and shall be solely responsible for such use. Provider agrees to indemnify and hold Customer, and its affiliates, officers, agents, licensors or other partners, and employees, harmless from any claim, demand or damages, including reasonable attorneys' fees, arising out of Provider's use of Clear Claim Connection™, or from its violation of the intellectual property rights or confidentiality obligations contained this Agreement.

Providers shall protect the confidentiality of the information they have access to in Clear Claim Connection™ using at least the degree of care and security she/he uses to protect her/his own confidential and proprietary information. Any unauthorized disclosure or distribution of confidential and proprietary information may result in irreparable injury, entitling the injured entity to obtain immediate relief in addition to any and all other legal remedies available.

Providers will limit access to the Clear Claim Connection™ software as follows: (i) to only employees and authorized agents of Provider and (ii) only to the extent necessary to respond to specific health insurance claim requests for the information regarding specific procedure code combinations regarding billing activity; and (iii) to request information related to provider practice management.

Providers shall not modify, translate, decompile, disclose, create, nor attempt to create any derivative work.

Information contained in the Clear Claim Connection™ software does not constitute an offer of coverage, medical advice, or guarantee of payment. Eligibility, benefits, limitations, exclusions, pre-certification/referral, coverage requirements and provider contracts still apply. A member's specific benefit program must be referred to for the terms, conditions, limitations, and exclusions of coverage. When there is a difference between this information and the member's benefit program, the member's benefit program will govern.

This information currently applies to professional claims processing only. Clear Claim Connection™ is updated regularly for consistency with Company Medical and Claim Payment Policy, new procedure codes, current healthcare trends, and/or medical and technological advances.

Provider acknowledges that Clear Claim Connection™ uses the CPT terminology developed and copyrighted by the American Medical Association ("AMA"). The CPT codes and terminology are provided pursuant to licenses granted by the AMA respectively, and Provider's access to updated

versions of such terminology depend on the Company or McKesson's continuing contractual relations with the AMA. AMA reserves the right to modify the CPT codes respectively at any time.

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Clear Claim Connection™ AND ALL MATERIALS, INFORMATION AND SERVICES AVAILABLE THROUGH IT, INCLUDING CPT TERMINOLOGY, ARE PROVIDED TO PROVIDERS "AS IS," "WITH ALL FAULTS," AND "AS AVAILABLE." CUSTOMER, ITS AFFILIATES, AGENTS AND LICENSORS CANNOT AND DO NOT (i) WARRANT THE ACCURACY, COMPLETENESS, CURRENTNESS, NONINFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OF Clear Claim Connection™ OR MATERIALS, INFORMATION AND SERVICES AVAILABLE THROUGH Clear Claim Connection™ OR WEBSITE, OR (ii) GUARANTEE THAT THE MATERIALS, INFORMATION OR SERVICES WILL BE ERROR-FREE, OR CONTINUOUSLY AVAILABLE, OR FREE OF VIRUSES OR OTHER HARMFUL COMPONENTS. In addition, the Company shall not by reason of Provider's access to Clear Claim Connection™, the use of the CPT terminology in Clear Claim Connection™, or by any other reason, be deemed a party to this agreement.

Provider's access to Clear Claim Connection™ may be modified or terminated at any time or for any reason, including but not limited to Provider's violation of any terms of this agreement.

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Clear Claim Connection™ – An Overview

This document is provided to describe the Clear Claim Connection™ product as well as to identify variations between claims scenarios entered into Clear Claim Connection™ and actual claims outcomes resulting from claim adjudication through our base processing system, MHS.

Clear Claim Connection™

Clear Claim Connection™ is a web-based reference tool designed to mirror how Claim Check® evaluates code combinations during the auditing of professional claims.

Clear Claim Connection™ enables Independence Blue Cross to disclose its claim auditing rules and clinical rationale inherent to the Claim Check® system. By accessing this tool, the user can view the justifications and clinical rationale on how a professional claim processed in MHS.

Claim Check® and Clear Claim Connection™ are updated regularly for consistency with Company Medical and Claim Payment Policy, new procedure codes, current healthcare trends, and/or medical and technological advances. Claim Check® clinical relationship logic is applied based on the date a claim is processed, reprocessed or adjusted in the Company's claims processing system. Clinical relationship logic is not applied based on the date the service was performed. Therefore, claims that are reprocessed or adjusted for any reason may receive a different editing outcome from Claim Check® based on the clinical relationship logic that is in effect at the time the claim adjustment occurs.

Notwithstanding the foregoing, it is understood that a specific Claim Payment Policy may supercede the terms of this policy with respect to the subject of that Claim Payment Policy only.

Claims Adjudication

Claims adjudication is a combination of multiple independent factors which includes some or all of the following:

- The base processing system, MHS, which houses such things as benefits, pre-authorizations requirements and fee schedules
- Claim Check® which houses mainly code-to-code clinical relationship logic
- Policies affecting claims payment
- Independent claims examiner or medical director review

The most common types of Claim Check® clinical relationship logic are:

- Incidental Procedures (multi-code) — this occurs when a procedure is performed at the same time as a more complex primary procedure and is clinically integrated to the successful outcome of the primary procedure, (one procedure clinically integral to another).
- Multi Procedure Codes — this occurs when two or more procedure codes are used to report a service when a single, more comprehensive procedure code exists that more accurately represents the service performed by a provider.
- Mutually Exclusive Procedures — this is generally the combination of procedures that differ in technique or approach but lead to the same outcome. Claim Check® identifies the overlapping services when a provider bills separately for two or more procedures that are usually not performed during the same patient encounter on the same date of service.

The information provided in Clear Claim Connection™ only speaks to the clinical relationship logic housed within Claim Check®. Clear Claim Connection™ will not give the final outcome of claims adjudication. Therefore, Clear Claim Connection™ should only be used for validating the clinical rationale of a confirmed Claim Check® edit on a professional claim.

When using Clear Claim Connection™, the following types of claims situations should be taken into account:

New Procedure Codes

The Clear Claim Connection™ database is updated twice a year to include any new codes that have been added by CPT or HCPCS. Until the database is updated with the new procedure codes, a message will be received by the Clear Claim Connection™ end user that the code is invalid. However, these codes may already be loaded into the base processing system as valid for processing.

Procedure/Modifier Validity Checking

Currently modifier and procedure validity checking is handled in the base processing system. Clear Claim Connection™ will give the user an error message when an invalid procedure/modifier combination is entered. However, this may not reflect the same outcome that would occur when that procedure/modifier combination is received by MHS.

Multiple Surgery Processing

Multiple surgery processing is handled within the set up of the base processing system. Entering multiple surgical procedures within Clear Claim Connection™ service will not disclose any multiple surgical reductions that may be applied when the scenario is received by MHS.

Duplicate Processing

Duplicate processing is handled within the set up for the base processing system. Entering a service code more than once into Clear Claim Connection™ for the same date of service may not reflect the same outcome that would occur when that scenario is received in MHS.

Multiple Units

Multiple units processing is handled within the set up for the base processing system. Clear Claim Connection™ does not reflect or review the number of units reported for a specific service. Therefore, the number of units reported may affect processing in the base processing system, which may not be reflected in Clear Claim Connection™.

Using the Claim Entry Web Page

McKesson Edit

Claim Entry

1 Gender: Male Female

2 Date of Birth: (mm/dd/yyyy)

3	4	5
Procedure	Date of Service	Mod 1
	11/11/11	

6 [Add More Procedures >>](#)

7

Date Field

- Required field
- Must be a valid date
- Must be in the valid format: mm/dd/yyyy
- Must be <= Date of Service
- Cannot be a date in the future
- Patient's age cannot exceed 120 years

Main Entry Page Screen

Use this Web page to enter claim information for claims auditing.

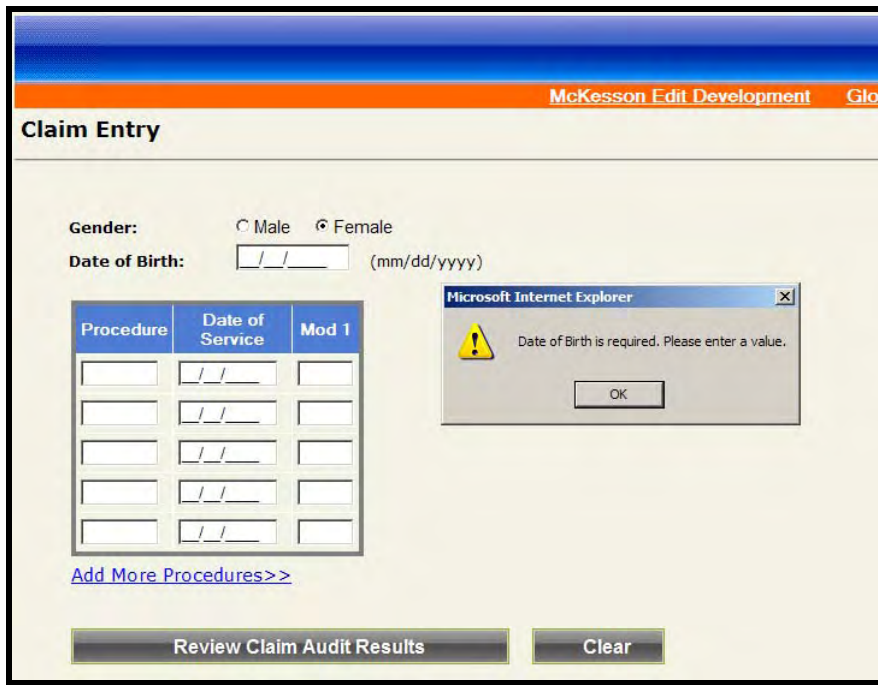
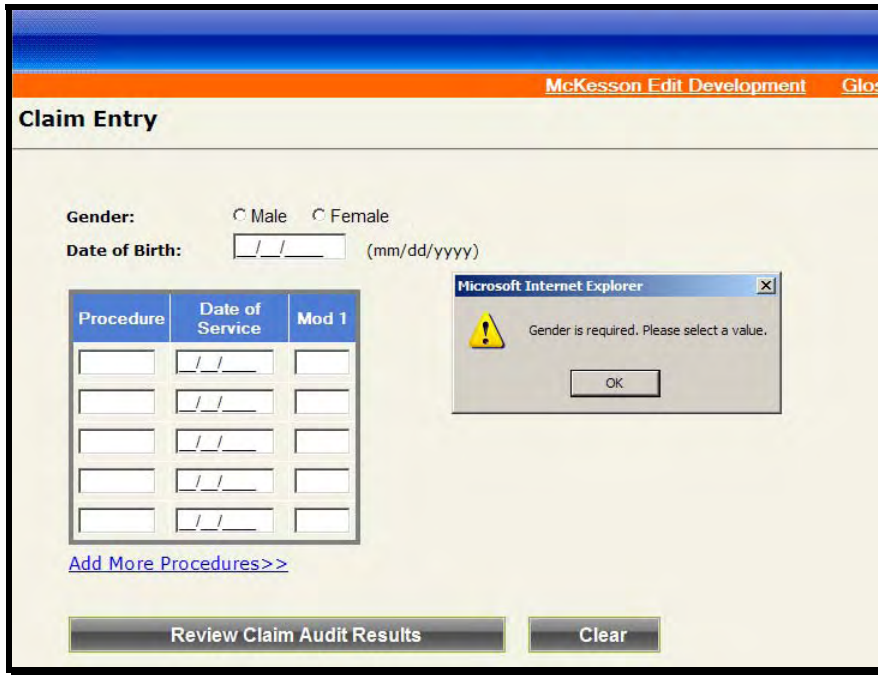
Click on any field to place the cursor in the first position of a field and then make your entry. You can also press Tab to move from field to field, unless otherwise directed.

To enter claim information:

- 1 Click the Male or Female radio button to select patient gender.
- 2 Enter the patient's Date of Birth in the valid format: mm/dd/yyyy.
- 3 Type a five-character procedure code in Procedure.
- 4 Enter the Date of Service for the procedure in the valid format (mm/dd/yyyy) or accept the default date. Note: The default date that displays in the first line of the procedure grid is the current date. If you accept this date or enter your own, the date in the first procedure line will be populated in all successive procedure lines in the grid.
- 5 Enter the two-character modifier code associated with the procedure(s) you entered.
- 6 Click Add More Procedures if you've entered 5 procedures and need to enter more for the claim (up to a maximum of 10).
- 7 Click Review Claim Audit Results to audit the claim and wait for the Claim Results Web page to display.

Error Messages

Errors or missing field entries will generate an associated error message pop-up window:



McKesson Edit Development

Claim Entry


Gender: Male Female

Date of Birth: (mm/dd/yyyy)

Procedure	Date of Service	Mod 1
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add More Procedures>>](#)

Microsoft Internet Explorer

 At least one procedure code must be entered.

To correct an error in one or more fields:

Click in the field(s) in error and re-type correct information. Repeat for all fields in error.

For more information about entering new procedure codes, or to check the validity of a procedure or modifier, please see the “New Procedure Codes” or “Procedure/Modifier Validity Checking” terms on page 7 of this guide.

Reviewing Claim Audit Results

Use the Claim Results Web page to review the results of your inquiry.

The screenshot shows the 'Clear Claim Connection' web application interface. At the top, there is a blue header with the text 'Clear Claim Connection™' and a navigation bar with links for 'McKesson Edit Development', 'Glossary', 'About', 'Help', and 'Logoff'. Below the header, the main title is 'Claim Audit Results'. The page content is divided into sections. The first section, labeled '1', displays patient information: 'Gender: Female' and 'Date of Birth: 11/28/1974'. The second section, labeled '2', contains a table with the following data:

Recommend	Procedure	Date of Service	Description	Modifiers
Allow	11310	10/13/2009	SHAVE SKIN LESION	
Allow	99201	10/13/2009	OFFICE/OUTPATIENT VISIT, NEW	

Below the table are two buttons: 'New Claim' and 'Current Claim'. A disclaimer at the bottom of the main content area reads: 'The results displayed do not guarantee how the claim will be processed.' At the very bottom of the page, there is a copyright notice: 'Copyright © 2009 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved. CPT only © 2008 American Medical Association. All Rights Reserved.' and a confidentiality statement: 'The information provided herein is confidential and solely for the use of the authorized provider practice, and is not intended to describe, designate or limit medical care to be provided or procedures to be performed. The user accepts responsibility for and acknowledges that it will exercise its own independent judgment and shall be solely responsible for such use. Any unauthorized use, disclosure or distribution is prohibited.'

Claim Audit Results Screen

What's displayed?

- 1 Gender and Date of Birth
- 2 Recommendation display, Procedure, Date of Service, Description, and Modifiers.

*Note: Depending on the results of auditing, you may see more lines of procedure information in the grid than you originally entered. Additional procedures may be added during the auditing of a claim. Use the Internet Explorer browser scroll bar to display more lines in the grid.

Deleted and Starred Procedures

Where applicable, messages regarding deleted and starred procedures display at the bottom of the screen.

If a procedure's description contains a (#) in the first position of the description text, here is the message that displays:

indicates a deleted procedure per CPT

If a procedure's description contains a (*) in the first position of the description text, here is the message that displays:

** indicates a starred procedure per CPT*

Getting a Clinical Edit Clarification

Clinical edit clarification(s) are available for any/all procedure(s) accompanied by a Recommendation value of Disallow or Review.

Double-click the procedure line (displaying a recommendation of 'Review' or 'Disallow') for which you wish to view a Clinical Edit Clarification.

Claim Audit Results

McKesson Edit Development

Gender: Female Date of Birth: 11/28/1974

Recommend	Procedure	Date of Service	Description	Modifiers
Allow	29877	10/13/2009	KNEE ARTHROSCOPY/SURGERY	
Disallow	29874	10/13/2009	KNEE ARTHROSCOPY/SURGERY	

New Claim Current Claim

Procedures recommended as **Disallow** or **Review** can be selected for further review and clarification

Claim Audit Results Screen

The Clinical Edit Clarification web page displays:

Clear Claim Connection™

McKesson Edit Development Glossary About Help Logoff

Edit Clarification 10/13/09 08:07AM EnvID: production

1 of 1 Clarifications New Claim Current Claim Review Claim Audit Results Printable Version

Procedure	Description	Recommendation
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)	Disallow
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	

Response:

Procedure 29877 is used to report an arthroscopic debridement of the knee joint that includes shaving of the fibrous tissue lining the articular surfaces of the synovial joints. This arthroscopic shaving of the articular surface has become very popular in the last decade and is commonly done for various reasons. With the motorized shavers used in arthroscopic techniques, only the superficial fibrillated cartilage can be removed.

Procedure 29874 is used to report the surgical removal of loose or foreign bodies from the knee using an arthroscope. Typically, through a one centimeter portal incision, the arthroscope is inserted into the appropriate site. After thorough examination and exploration, additional portal incisions may be performed for more suitable access to the loose or foreign bodies. The loose or foreign bodies can then be removed by irrigation and suction, or with special clamping instruments via one or more of the established portals.

Certain procedures are commonly performed in conjunction with other procedures as a component of the overall

Review Clinical Edit Clarification Screen

Entering Another Claim

After reviewing the Clinical Edit Clarification, you may enter a new claim or return to the Claim Entry Web page.

- Selecting New Claim will return you to an empty Claim Entry Web page and allow for the entry of a new claim.
- Selecting Current Claim will return you to the Claim Entry Web page. The last claim that was entered will display. Any and all of the claim information on this page can be changed and resubmitted for auditing and viewing of new results.

New Claim

Return to an empty Claim Entry Web page.

Clear Claim Connection™
McKesson Edit Development Glossary About Help Logoff

Edit Clarification 10/13/09 08:07AM EnvID: production

1 of 1 Clarifications **New Claim** **Current Claim** Review Claim Audit Results Printable Version

Procedure	Description	Recommendation
29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, FRAGMENTATION, CHONDRA...)	Disallow
29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	

Response:

New Claim
Return to a clear Claim Entry Web page.

Current Claim
Return to the current Claim Entry Web page.

...opic debridement of the knee joint includes shaving of the articular surface of the synovial joints. This arthroscopic procedure is commonly done for removal of loose or foreign bodies and articular fibrillated cartilage. With the established portals, the removal of loose or foreign bodies can be performed. Typically, through a one centimeter portal incision, the site. After thorough examination and exploration, additional portal incisions are made to provide access to the loose or foreign bodies. The loose or foreign bodies are removed with special clamping instruments via one or more of the established portals.

Certain procedures are commonly performed in conjunction with other procedures as a component of the overall

Review Clinical Edit Clarification Screen

Menu Bar



On the Menu Bar you can click:

- 1 **McKesson Edit Development**
View information about the process and sources used to develop the Clear Claim Connection™ edits. When you are finished viewing the information, click **Close** to return to the Web page where you accessed this option.
- 2 **Glossary**
View Clear Claim Connection™ terminology with regard to claims auditing. When you are finished viewing the information, click **Close** to return to the Web page where you accessed this option.
- 3 **About**
View Product Name, Version, and U.S. Patent Number and also information regarding the Clear Claim Connection™ copyright and licensure information. When you are finished viewing the information, click **Close** to return to the Web page where you accessed this option.
- 4 **Help**
View online help for a Web page. When you are finished viewing help, click **Close** to return to the Web page where you accessed this option.
- 5 **Logoff**
Exit Clear Claim Connection™.