The All New ProviderAccess ePortal

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Point. Click. Get an answer.
Online Instant Transactions at Anthem.com

Clear Claim Connection
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- Clear Claim Connection is intended as a tool for evaluating clinical coding information and is not a guarantee of member eligibility or claim payment. Clear Claim Connection will provide information according to the claim editing system logic on the date of the provider’s inquiry. Clear Claim Connection is not date sensitive for the claim date of service.

- Allows providers to view clinically based information along with documented source information for approximately 2 million edits. Sources referenced include: the American Medical Association Current Procedural Terminology (CPT), the CPT Assistant, the CPT Coding Symposium, Specialty Society Coding Guidelines and Medicare Guidelines.

- Providers may access Clear Claim Connection by selecting the Clear Claim Connection link from the Claims tab on the ProviderAccess overview page.

- Providers must review and accept the terms and conditions of use prior to review of data.

- For additional information, including claim specific information, please contact customer service.
Clear Claim Connection

The Clear Claim Connection link is located under the Claims tab. Once you select the Claims tab, select the Clear Claim Connection link.

Choose either link to display the clear Claim Connection disclaimer page.
Clear Claim Connection

This page contains the Anthem BCBS disclaimer (under Terms and Conditions) that all users must review and accept to use the Clear Claim Connection tool.

The Specialty field requires you to enter a Specialty name. Based upon the text entered, a dropdown list of closely related specialties will be displayed. You will select the specialty from the dropdown list that best describes the specialty you will use for your inquiry.

To access the Clear Claim Connection tool:
- Enter a Specialty
- Select Accept
Clear Claim Connection

To provide a Specialty on the disclaimer page, place your cursor in the blank box next to the Specialty name and left click on your mouse, which will allow you to enter text in this field box.

In the screen below, the user began to enter “gener”. A dropdown list of matching Specialties is displayed. Place your cursor on the Specialty name that you would like to select and left click your mouse once your cursor is placed on the selected name. Once the Specialty is selected, it will be auto-populated to the Specialty box for you.
Clear Claim Connection

Once you have clicked on Accept on the Disclaimer page, the Clear Claim Connection Tool will then display. Fill in the following to submit an inquiry:

- Select the member’s Gender and key in the Date of Birth
- Select Member/Provider State.
- You may enter up to five diagnosis codes for your inquiry; however, a diagnosis is not required to submit an inquiry.
- Click on the grid to begin entering applicable information – CPT/HCPCS Procedure Code, procedure modifier (Mod 1/Mod2/Mod3/Mod4) if applicable, Date of Service (defaults to the current date), Place of Service (defaults to Office) and select Review Claim Audit Results.

Please note: All alphabet characters must be entered in all CAPS for your inquiry. This is applicable to both the Diagnosis and Procedure fields. Also, you must enter the decimal point for all applicable diagnosis codes (i.e. V60.1).

If you have more procedures to include in your inquiry, select Add More Procedures to display an additional grid for entering the additional information.
Clear Claim Connection

- Claim audit results for the specific codes entered will be given as indicated below.
Clear Claim Connection

To review the specific rational for the disallowed line, indicated under the **Recommend** column, select the **Disallow** link in red.

<table>
<thead>
<tr>
<th>Line</th>
<th>Procedure</th>
<th>Description</th>
<th>Mod 1</th>
<th>Mod 2</th>
<th>Mod 3</th>
<th>Mod 4</th>
<th>Date of Service</th>
<th>Place of Service</th>
<th>Payment RVU</th>
<th>Pay %</th>
<th>Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06410</td>
<td>CHEMOTHERAPY, INFUSION METHOD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/1/2000</td>
<td>11 (Office)</td>
<td></td>
<td>0</td>
<td>Disallow</td>
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<tr>
<td>2</td>
<td>99201</td>
<td>OFFICE/OUTPATIENT VISIT, NEW</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10/1/2009</td>
<td>11 (Office)</td>
<td>1.02</td>
<td>100</td>
<td>Allow</td>
</tr>
</tbody>
</table>

The results displayed do not guarantee how the claim will be processed.
Clear Claim Connection

- The rationale results for the specified criteria will be displayed with source information if available (the results on this slide are a snapshot of the total results returned).

**Clinical Edit Clarification**

**Inquiry:**
Why is procedure 96410 disallowed?

**Procedure** | **Description**
--- | ---
96410 | (CODE DELETED IN 2006. TO REPORT, USE 96412) CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR

**Response:**
The Centers for Medicare & Medicaid Services (CMS) guidelines have established that deleted codes should not be reimbursed when they are submitted after the procedure code’s deletion date.

Therefore, procedure 96410 is disallowed.
End