

Clinical Forms Training Guide

900-1177-0715



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Blue Cross and Blue Shield Association

Summary

On August 3, 2015, Florida Blue implemented an electronic Certificate of Medical Necessity called Clinical Form. For certain procedures, a “Certificate of Medical Necessity” button will display on the Authorization/Referral Results page in Availity®. This may reduce the need for medical records. It will also allow providers to respond electronically to requests for clinical information for approximately 200 procedure codes for which Florida Blue would normally request medical records.

Benefits of using the Clinical Form include:

- * Real-time electronic method to deliver medical documentation for receiving an automatic referral/authorization decision (some exceptions apply).
- * No faxing, emailing or mailing supporting documentation to Florida Blue required (some exceptions apply).
- * Simplified process for obtaining clinical information can enhance office efficiency.
- * Real-time responses from Florida Blue.

The following slides provide steps for completing a clinical form. Questions & Answers are provided on slide 14.

Clinical Form Navigation

Sign into Availity

<https://apps.availity.com/availity/web/public.elegant.login>



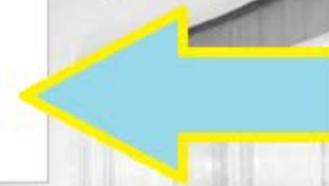
User ID:

Password:

Show password as I type

[Help! I can't log in!](#)

[Log in](#)



Clinical Form Navigation Authorization/Referral Request



Home

Florida

Payer Resources

Help

Shawn's Account

Eligibility and Benefits

Auths and Referrals

Claims Management

Availity Payer List

EDI File Management

Enrollments

Patient Care Summary

Health Plan Clinician Tools

My Payer Portals

My Account

Reporting

Payer Support

Availity Administration

Check Eligibility & Benefits

Are you ready for ICD-10?

[Payer Testing Readiness List](#)

[Register for an ICD-10 Test Account](#)

[My Account Information](#)

[Contact My Administrator](#)

[Availity Payer List](#)

[Welcome New User \(PDF\)](#)

[Value-Added Services](#)

Brand new?

Browse our time-saving administrator's guide.



News & Announcements

test special characters and numbers 1234567890123

test special characters and numbers 1234567890

abcdefghijklmnopqrstuvwxyzABCDEFGHIJKLMNOPQRSTUVWXYZ1234567890how many

characters can you type into this title field before it will stop allowing you to type subject

- 11/18/2013

Test Title For Test

Test Copy for Homepage

11/18/2013

Referrals - Authorized services rendered in an office based setting
Authorizations - Authorized services in a facility location (hospital, ASC, etc.)

Clinical Form Navigation

Completing the Request



Home

Florida

Payer Resources

Help

Shawn's Account

Eligibility and Benefits

Auths and Referrals

Referrals

Authorizations

Auth/Referral Inquiry

Online Batch Management

Claims Management

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Authorizations

[Learn More >>](#)

* indicates a required field

* Payer: ?

* Transaction Type:

* Organization:

Request Information

[Show Optional Fields](#)

* Member ID: ?

* Relationship to Subscriber: ?

* Date of Birth:

* Type of Service: ?

* Place of Service:

Service Quantity/Type: ?

* Admission Date:

* Admission Type:

Clinical Form Navigation

Completing the Request

* Requesting Provider Type: Provider
 Facility

* Express Entry - Requesting Provider: ?

* Specialty / Taxonomy: ?

* Requesting Provider Last Name: ?

* Requesting Provider First Name:

* NPI: ? Save this provider

* Payer Assigned Provider ID: ?

* Address 1:

Address 2:

* City:

* State:

* ZIP Code: -

* Diagnosis Code 1: ?

Date: / / 
MM DD YYYY

Clinical Form Navigation

Completing the Request

Provider – Performing the Services

* Express Entry - Referred-To Provider: ?

* Referred-To Provider Last Name: ?

* Referred-To Provider First Name:

* NPI: ? Save this provider

* Payer Assigned Provider ID: ?

* Specialty / Taxonomy: ?

* Referred-To Provider Role: ?

* Address 1:

Address 2:

* City:

* State:

* ZIP Code: -

Telephone Number: - -

 Procedure Code 1: ? Type:

Quantity:

From / / To / /

MM DD YYYY MM DD YYYY

Clinical Form Navigation

Submitting the Request

Facility – Where Services are Performed

* Referred-To Facility Type: Facility
 Clinic

* Express Entry - Referred-To Facility: ?

* Facility Name: ?

* NPI: ? Save this provider

* Payer Assigned Provider ID: ?

* Specialty / Taxonomy: ?

* Address 1:

Address 2:

* City:

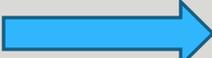
* State: ▼

* ZIP Code: -

Telephone Number: - -

Fax Number: - -

Note: the new *Clinical Form* button appears when any of the applicable procedure codes have been entered based on the member's benefit plan.



Clinical Form Navigation

Clinical Form Button

Availity Home Florida Payer Resources Help Shawn's Account

Eligibility and Benefits
Auths and Referrals
Referrals
Authorizations
Auth/Referral Inquiry
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My Account
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Authorization/Referral Results [Learn More >>](#)

Transaction ID: 1030779065 Customer ID: 25 [REDACTED]

[Certificate of Medical Necessity](#) [Print](#)

Member ID: [REDACTED]
Patient Name: [REDACTED]
Patient Date of Birth: [REDACTED]
Diagnosis Code(s): 4010
Diagnosis Version: ICD-9

Payer: BCBSF
Request Type: Inpatient Authorization



Certification Information

Service Type/Quantity: 0 Day(s)
Reference Number: REF15042000486
Status: Pending
Rejection Reason: Requires Medical Review
Effective Date: 04/22/2015
Expiration Date: 04/22/2015

Provider Information

Requesting Provider: BOYER, CASEY GORDON
Attending Physician: BOYER, CASEY GORDON

[View More](#)

Clinical Form Navigation

Selecting the Organization

Florida Blue - PASSPORT Portal

Verify your Organization and click submit to launch the Florida Blue - PASSPORT Portal

* Organization:  

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Submit

Cancel



Clinical Form Attestation/Acknowledgment

Artificial Intervertebral Discs

* This Clinical Form was created based on applicable coverage guidelines. It does not substitute for or constitute medical advice. All medical decisions are solely the responsibility of the patient and physician. I hereby certify that (i) this authorization is being requested by the treating physician/physician representative for this member, (ii) the information contained in and included with this medical determination request is true, accurate and complete to the best of my knowledge and belief, (iii) the member's medical records contain all the appropriate documentation necessary to substantiate this information. I acknowledge that a determination based upon this Clinical Form is not necessarily a guarantee of payment and that payment remains subject to application of the provisions of the member's health benefit plan, including its terms, conditions, exclusions, limitations, and plan benefits. Additionally, I further acknowledge and agree that Florida Blue may audit or review the underlying medical records at any time and that failure to comply with such requirements may result in the denial of a claim associated with such services.



-- Select One --



Save Notes Complete Last Answer Cancel Full Screen

0.0 0

Indicate member name.

Indicate requesting provider office primary contact and phone.

You must click on the "Complete Button" in the floating grey box to receive your determination status.

Select the location for the artificial intervertebral disc replacement.

-- Select One --

Note: The Attestation/ Acknowledgment drop-down field is required.

Cervical Disc

Is the prosthetic intervertebral disc FDA approved?

-- Select One --

Select the number of discs requiring replacement.

-- Select One --

Identify the cervical disc to be replaced.

Select all that apply for cervical disc replacement.

Clinical Form

Completing the Form

Artificial Intervertebral Discs

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Yes, I acknowledge and agree to the terms and conditions.



Completed by:

Navigation bar with buttons: Save, Notes, Complete, Last Answer, Cancel, Full Screen. Includes a timer showing 0.0 and a refresh icon.



Indicate member name.



Indicate requesting provider office primary contact and phone.



You must click on the "Complete Button" in the floating grey box to receive your determination status.

Select the location for the artificial intervertebral disc replacement.



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Cervical Disc

Is the prosthetic intervertebral disc FDA approved?

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Describe:

Note: If Florida Blue requests more information, it will be noted at bottom of the form with an email contact or fax number.



Select the number of discs requiring replacement.



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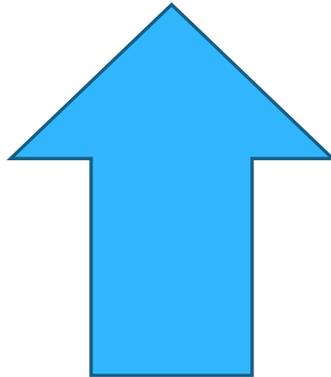
Identify the cervical disc to be replaced.



Clinical Form Response

Artificial Intervertebral Discs

Clinical Form submitted successfully and has been pended for Medical Review. Your Reference ID: 137079 (jiva Episode ID)

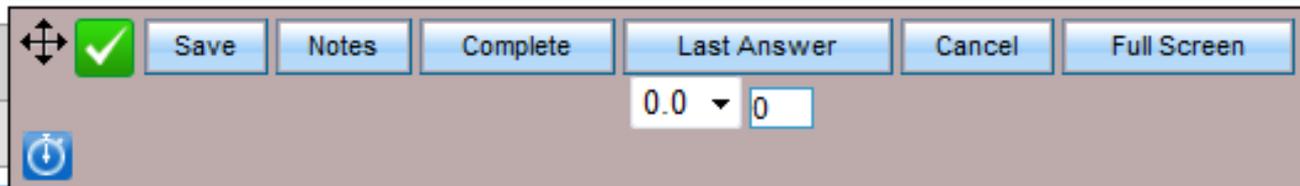


This concludes the training for accessing and submitting a Clinical Form in Availity. Additional Q&As begin on the following slide.

Clinical Form Q&As

Q: How do I use the toolbar?

- **Red X:** More information is needed to *complete the form* such as the medical necessity review indicates information submitted isn't meeting medical necessity requirements and it will pend for review.
- **Green check:** Green check means it meets medical necessity and an approval will be received. **Save button:** Saves all data entered in Clinical Form in order to complete at a later time. If the saved form is opened by Florida Blue employee while in a saved status, the provider can no longer access the form.
- **Notes:** Currently not utilized.
- **Complete:** Once selected, the content of the form cannot be updated.
- **Last Answer:** Will move you to the last question
- **Cancel (Coming Soon):** Will cancel the form. It can be accessed again by running an Authorization/Referral Inquiry. Until this is available, please click red x in right upper corner
- **Full Screen:** Opens screen to full view.
- **Number Boxes:** Non-functional
- **Blue Clock:** Non-functional



Clinical Form Q&As

Q: What does **this** icon do?

A: The icons marked below are non-functional on the Clinical Form.



Small Bowel Liver Multivisceral Transplant

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-- Select One --

-- Select One --

Yes, I acknowledge and agree to the terms and conditions.

No, I do not acknowledge and agree to the terms and conditions.

Indicate member name:

Indicate requesting provider office primary contact and phone:

You must click on the "Complete Button" in the floating grey box to receive your determination status.

Is the facility an approved transplant facility?

-- Select One --

Transplant Information

Identify the transplant facility name:

Identify the transplant facility ID or NPI number:

Identify the phone number of the transplant facility:

Identify the fax number of the transplant facility:

Identify the transplant coordinator's name:

Save Notes Complete Last Answer Cancel Full Screen

0.0 0

Local intranet | Protected Mode: Off



Clinical Form Q&As

Q: Do all procedures require completion of a Clinical Form?

A: No. However, in the near future additional procedures will also have forms.

Q: Is there an additional fee for using the Clinical Form?

A: No.

Q: Once Clinical Form is submitted, may I retrieve and edit or view it?

A: No

Q: How can I send additional information (i.e. photos, medical records)?

A: The bottom of the form indicates if additional information is needed and where to send it.

Q: How do I exit the form?

A: Close your browser tab/window once you see the successful submission message.

Q: Why did a Clinical Form appear for the same service for one patient but not another?

A: Different employer benefit plans have different requirements for medical review.

Q: What if I want to cancel the form after starting one?

A: Please select the red 'x' in the upper right corner of the browser window/tab. A Cancel button at the top of the page will be provided soon.

Clinical Form Q&As

Q: Why don't I get a Clinical Form on Referrals and Authorizations that have more than one procedure?

A: A future enhancement will enable multiple Clinical Forms for one Referral and Authorization request. Today, a form will generate for single-line Referrals and Authorizations only.

Q: How will I be notified once medical review is complete?

A: An Availity inquiry can provide status of the request. Florida Blue representatives will contact the provider's office based on the current process and timelines.

Q: What if the form was never completed? What happens then?

If a clinical form is never completed, the approval process for the request will follow the existing process. The form is available for completion until a decision is rendered.

Q: Where do I call with questions about my patient's plan regarding whether they need a Referral or Authorization?

A: Use Availity's Eligibility and Benefits Tool to determine benefits for specific services or the Availity Authorization Tool for requesting authorization for specific services.

If the patient needs expedited or urgent care that could seriously jeopardize the life or health of the patient call PRSMR (800) 955-5692. If after hours, a nurse is available by following the prompts. You may leave a voice message for a nurse to call you back.

Clinical Form FAQs

Q. What is the availability of the form once launched and how long do I have to complete it before it times out?

A. There is no time limit to completing the form as long as the user is active. If the user is idle, then the page will be disabled after 60 minutes in JIVA. Availability becomes disabled after 30 minutes of no activity.

Q. What happens to the form once the user completes OR saves (partially completes) the form?

A. Once the form is completed and submitted to Florida Blue, the information is used to assist in determining the disposition of the request. Completed forms are saved as part of the request transaction, but not available for view. Partially completed forms will be available for update and revision until the time the form is completed by either the submitter or the appropriate Florida Blue representative.

Q. How do I access a saved form?

A. You can access the form by selecting the Authorization/Referral Inquiry in Availability.

Q: Where do I call when I receive a technical error?

A: Availability – (800) AVAILITY.