How to prescreen claims with Clear Claim Connect (C3)

C3 simulates claim auditing by entering different codes on mock claims to immediately see allow/review/disallow recommendations.

It enables providers to transparently view our current claim auditing rules, edit recommendations and clinical rationales from nationally recognized sources.

Follow this three-step process:

1. Locate

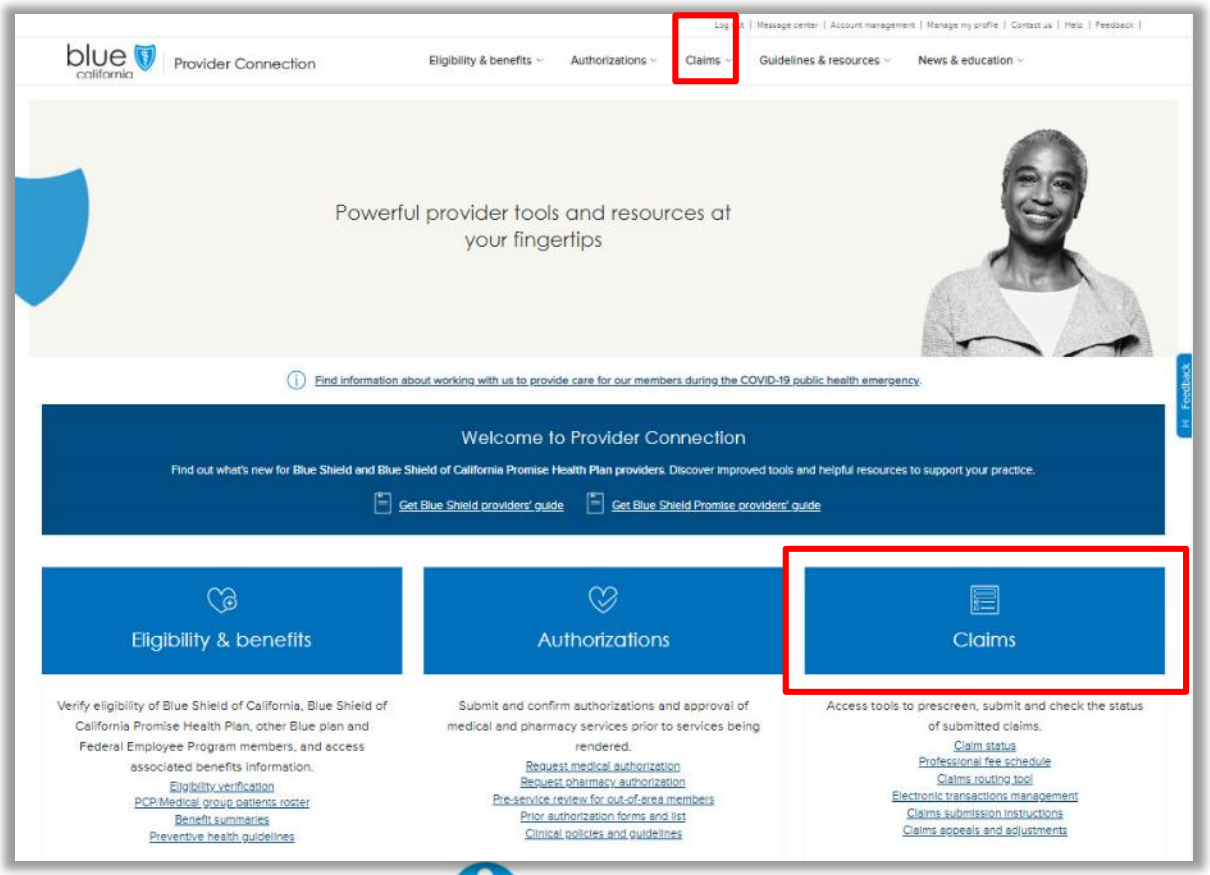
2. Simulate

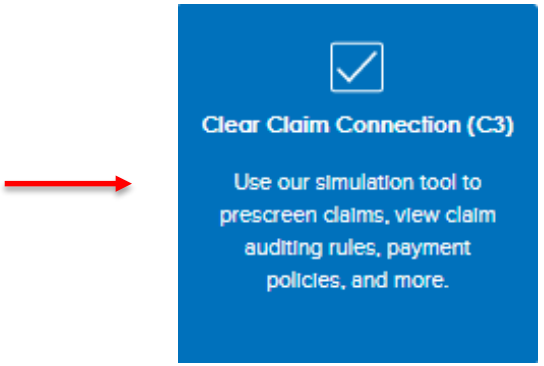
3. Recalibrate

Locate C3 on the Provider Connection portal

1 Locate

A. Log in to Blue Shield of California's Provider Connection at **blueshieldca.com/provider** with your existing username and password.
B. From the Provider Connection home screen, go to ***Claims*** by clicking one of the links highlighted below.
C. Click the blue box shown below in the ***Claims Tools*** section to access C3.

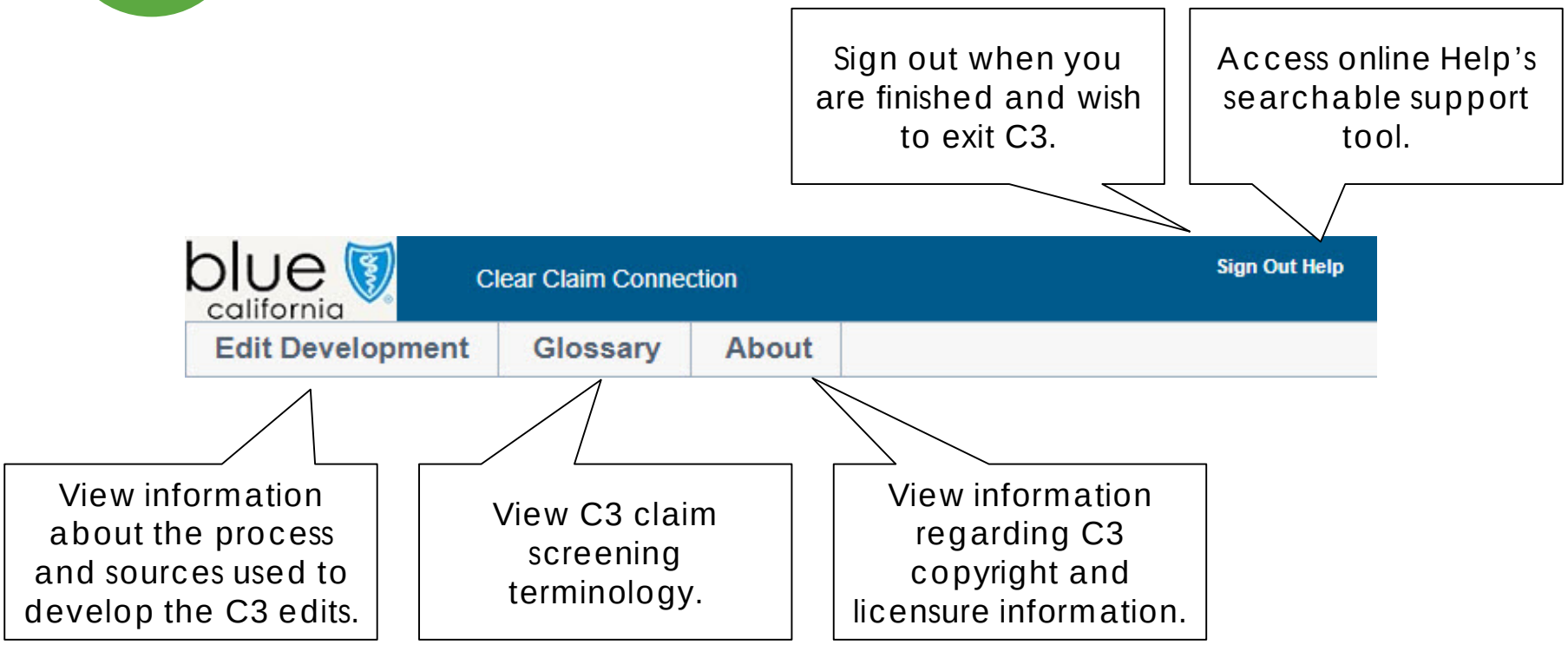




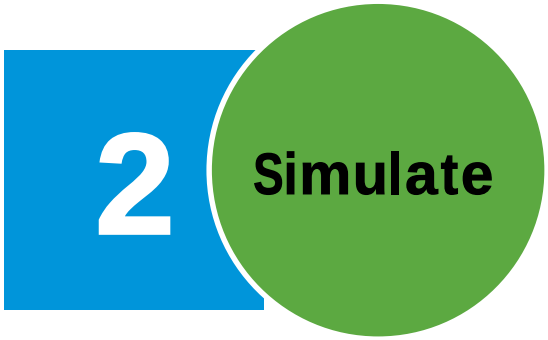
C3's top row menu bar

1 Locate

C3 home screen for claim entry



Simulate claims with C3



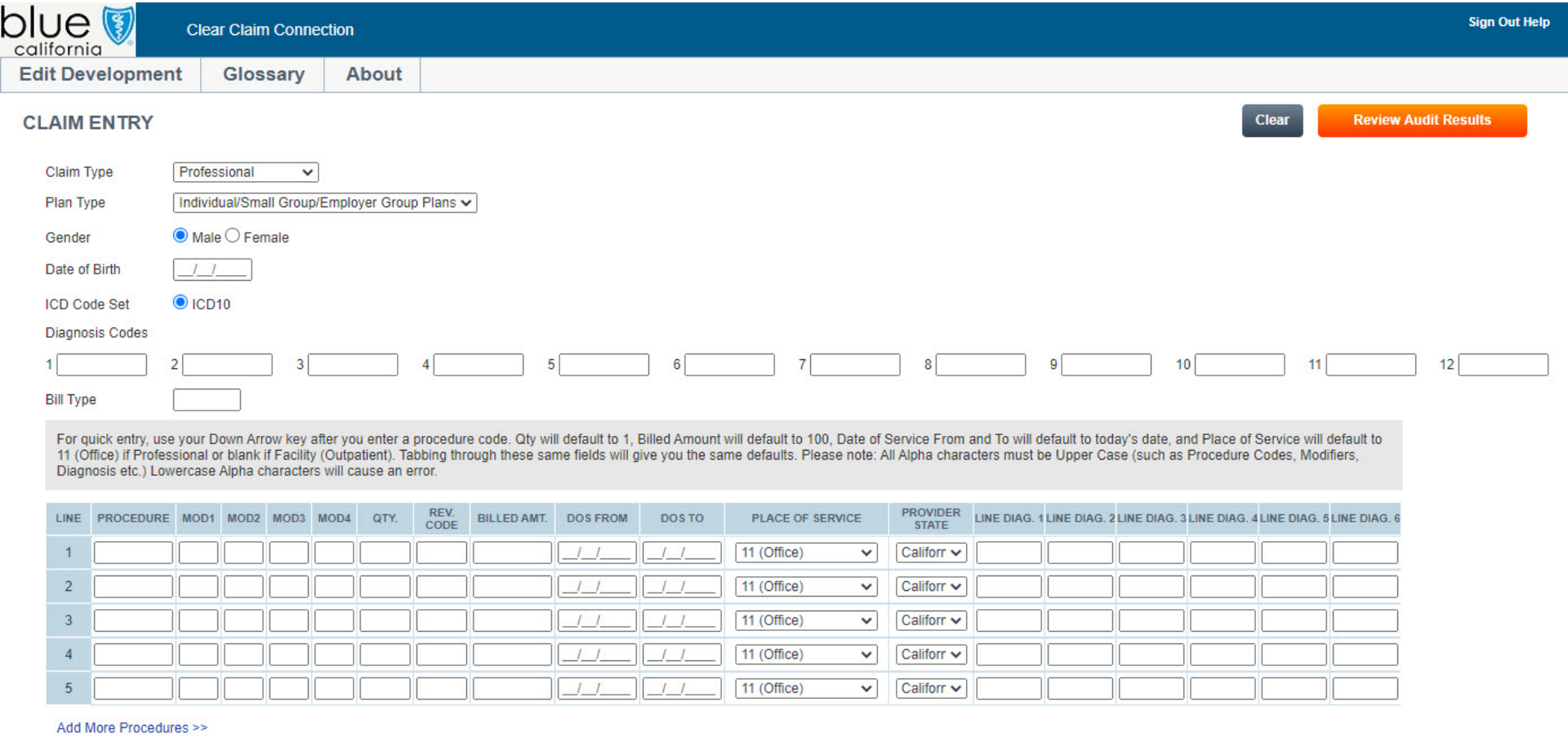
It's a simple process to review the recommendations and rationales for a claim.

Enter claim information

2 Simulate

C3 claim entry screen

- Choose your claim and plan type
- Enter the member's information, the procedure codes, modifiers (if any) and the date of the service
- Click the Review Audit Results button



Required and optional claim entry fields

2 Simulate

Required

- **Claim type**
  (Professional or Facility Outpatient)
- **Plan type**
- **Patient's gender**
- **Date of birth**
- **Procedure code**
  (CPT or HCPCS)
- **Quantity of procedures performed**
  (Defaults to 1)
- **Revenue code**
  (For facility claims only)
- **Place of service**
  (Required for professional claims only – press tab for Office "11" default. Leave blank for facility claims.)

Optional

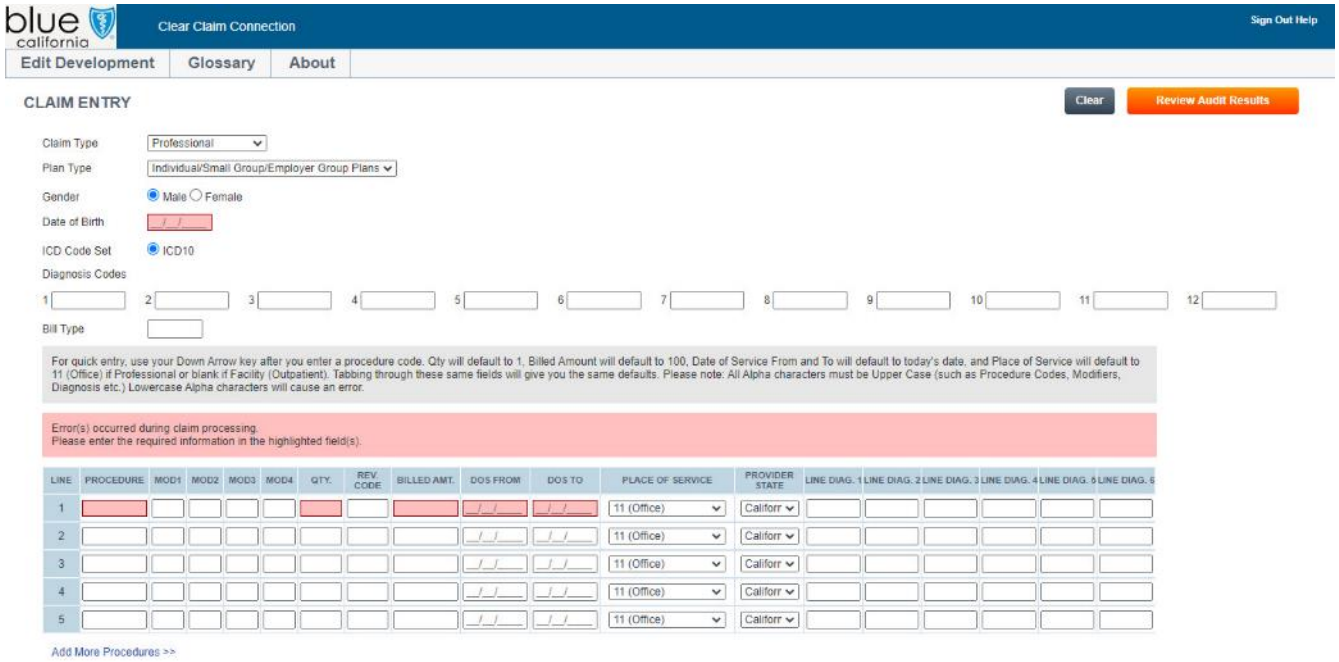
- Claim level ICD-10 diagnosis code(s)
- Bill type
  (The default is professional claims and the field is left blank. If it's a facility outpatient claim, the field will automatically display hospital outpatient #131 but you can type over that value if desired.)
- Two-character modifier(s) codes associated with the procedure if applicable
- Billed amount
- Date of service from and to
  (Defaults to current date)
- Provider State (Defaults to CA)
- Procedure line diagnosis codes

Tip: The more information you provide, the better the result.

C3 will highlight missing information

2 Simulate

C3 will remind you with pop-up messages if you missed any required information on the claim entry screen.



Information alerts are triggered for empty or invalid fields such as date of birth, procedure, quantity, billed amount and date of service and for invalid procedure, modifier and diagnosis codes.

To make a correction, click in the specified field and re-type the correct information.

C3's claim audit results

2 Simulate

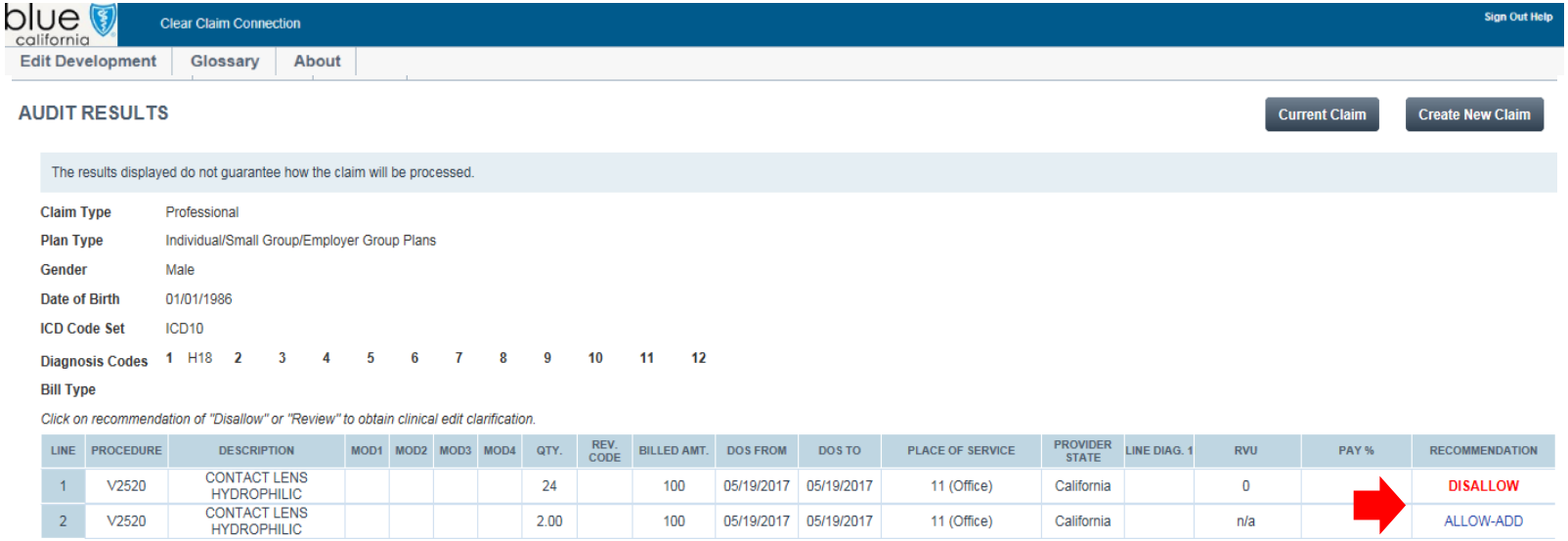
Each procedure is accompanied by a recommendation:

Allow: Indicates there is no edit for the procedure code(s) submitted.

Allow Add: Indicates that additional procedure line(s) were added by the system such as unbundling or quantity expansion.

Review: Indicates that the procedure code(s) should be evaluated against the information on the Clinical Edit Clarification to determine if the data entered and/or procedure codes(s) can be corrected prior to submission. Review may also indicate that additional information is required to process the claim.

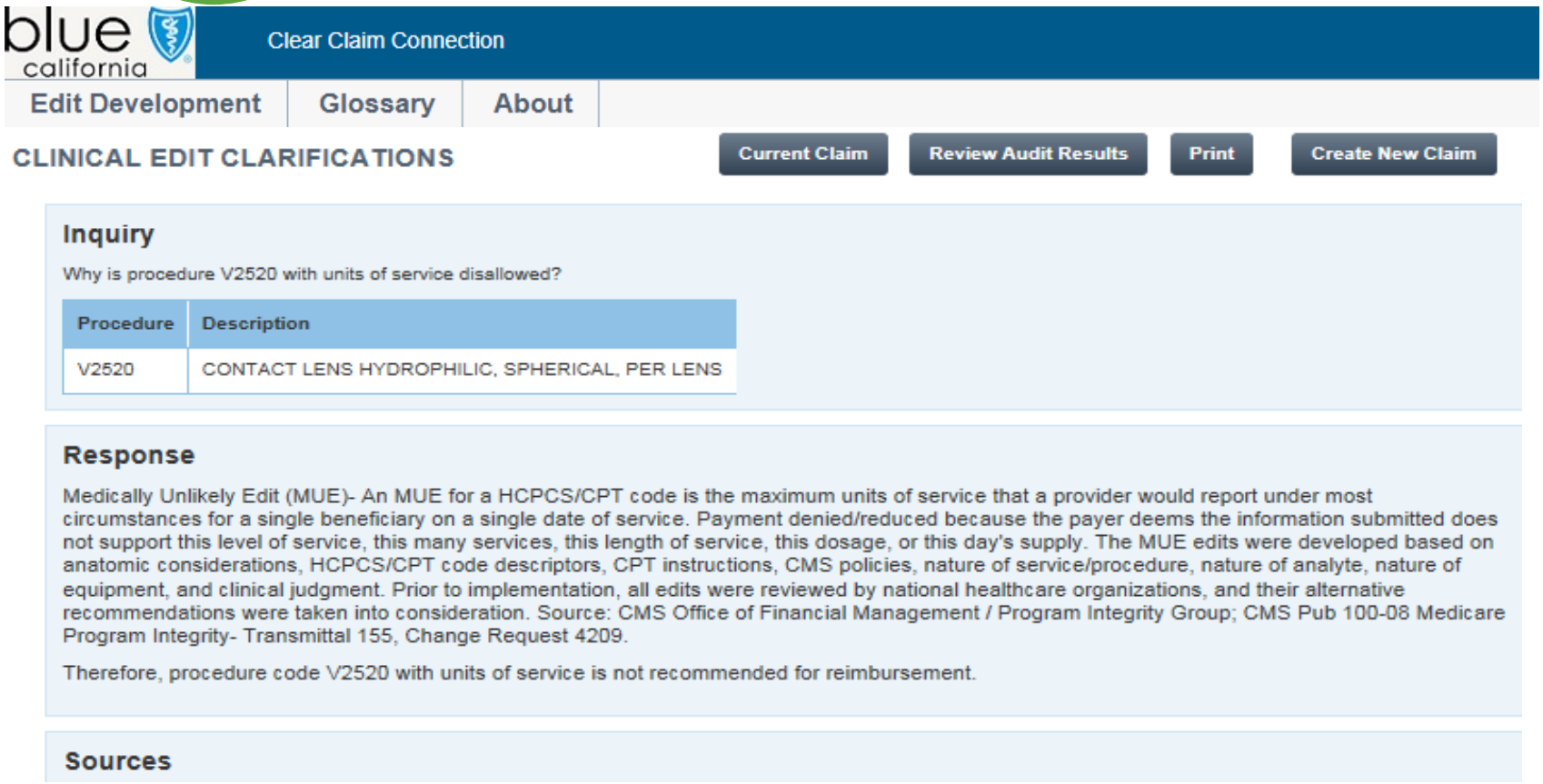
Disallow: Indicates that there is an edit for the procedure(s) submitted. Review the Clinical Edit Clarification for more information.



C3's clinical edit clarifications

3 **Recalibrate**

Consider other coding combinations if needed



To sum up how to use C3:

1. Locate

- Log in to Blue Shield's Provider Connection at blueshieldca.com/provider
- On the Provider Connection home screen, go to the *Claims* section
- Then click the *Prescreen Claims* link
- Read the Terms & Conditions and click *I agree* to continue

2. Simulate

- Enter the required claim information
- View the claim audit results: Allow, Allow-Add, Review, Disallow
- Study the clinical edit clarifications for Review and Disallow results

3. Recalibrate

- Consider other coding combinations if needed

Pay particular attention to the required criteria for the code. This will help you determine the reason C3 recommended the claim edits given the rules that were applied.

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