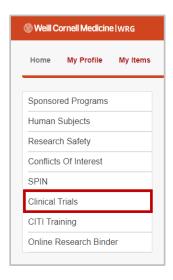
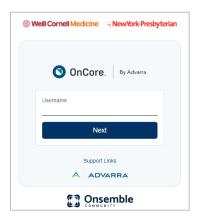


COVERAGE ANALYSIS REVIEW

- 1. Go to wrg.weill.cornell.edu and log into Weill Research Gateway using your CWID and password.
- 2. Click on Clinical Trials on the left-hand panel to access OnCore.



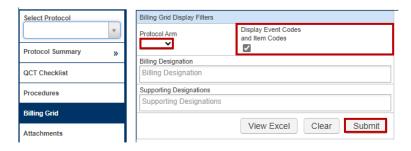
3. You will be automatically directed to OnCore, where you will log in by **re-entering your CWID**. You will be prompted to authenticate using **DUO** if you're not on the VPN.



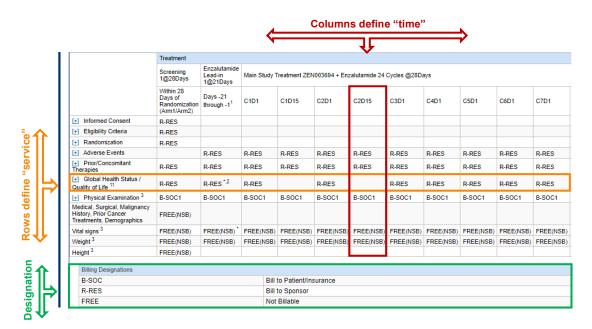
- 4. To review the Coverage Analysis, Protocol, Informed Consent, and Budget, please follow the following steps:
 - a. Click Menu.
 - b. Hover over Financials Console.
 - c. Click the Coverage Analysis Console.
 - Clicking the ★ will populate this menu option in your header
 - d. Enter the protocol number in the **Select Protocol** text box.
 - e. Click Billing Grid on the left-hand panel.
 - i. Utilize the **Billing Grid Display Filters box.** Use the pulldown to display the appropriate version/**protocol arm** of the coverage analysis for review.



 Click Display Event Codes and Item Codes to see the Event Codes in the Billing Grid, then click Submit.

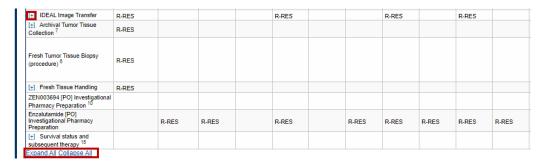


- 5. <u>Column</u> headings are service intervals defined by the investigator (days, weeks, months, cycles, etc.) to reflect the planned timing/interval of when services will be rendered after enrollment in the study.
- 6. Row headings are service categories defined in the protocol and/or budget. CPT codes should accompany clinical services under each row heading.
- 7. **Designation** codes are added to complete the billing grid.
 - a. **B-SOC** indicates that the service is medically necessary routine/standard-of-care service and may be billed to the patient or their insurance.
 - b. **R-RES** indicates that services designated in the informed consent form and budget are paid for by the research sponsor or private or internal funds. These are not to be billed to the patient or their insurance.
 - c. **Free** would be listed for services or products provided directly by the study sponsor and, therefore, not billable.
 - i. **Free/NSB** would be listed for services that are 'not separately billed' and bundled ('vitals' when done outside the physical examination).

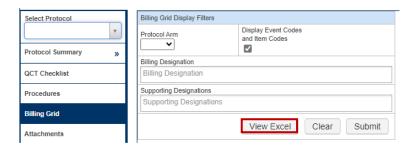




8. Click the [+] hyperlink or **Expand All** to view the linked charges from the Charge Master.



- 9. After the row(s) have been expanded
 - a. Click (top left) View Excel to view the Coverage Analysis in an Excel format.

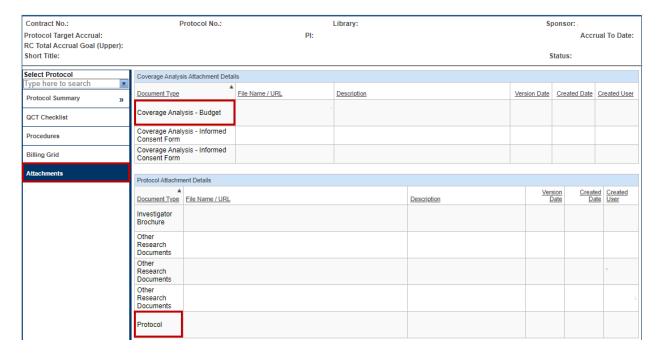


- b. In whichever format you choose to review the Coverage Analysis, check that the clinical services with R-RES and B-SOC designation codes have the correct CPT code or CPT code range. This is what Epic looks for, and then it assigns the procedure to be billed to insurance or the study.
 - i. CPT codes must be listed and reviewed for all clinical procedures.
 - If a clinical procedure is missing a CPT code or lists the incorrect one, the coverage analysis must be returned to the Coverage Analysis builder and resubmitted for review. Email the Coverage Analysis Builder with the list of changes /corrections.
 - 2. To find the name of the appropriate builder, reference the OnCore-generated email with the subject line "[OnCore] Action Required: Coverage Analysis Signoff." The builder is included in this email, and the builder's name is stated in the body of the email: "Sent from OnCore on behalf of XXXX." You can also navigate Menu > Protocol > PC console and view the Staff tab.

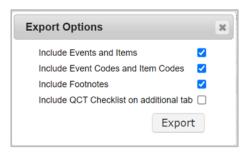




- 10. Review the clinical services with **R-RES** and **B-SOC** designation codes on the Billing Grid to ensure they match the informed consent form and budget.
 - a. To view the protocol, informed consent form, and budget,
 - i. Click the Attachments tab on the left-hand panel, then click on the link for the protocol. If you do not have access to view the protocol document in WRG-HS, email jctoctms@med.cornell.edu, who will upload the protocol into OnCore. The informed consent form and budget should be uploaded in this section. If missing, contact the Coverage Analysis Builder to request that they upload these documents.



11. Lastly, if there are services for Radiology and/or Pathology, export the Coverage Analysis to Excel (top left, View Excel). Click the checkmarks for Include Events and Items, Event Codes and Item Codes, and Include Footnotes.



Email the billing grid and protocol to Radiology (Grazyna Dabrowska, grd2005@med.cornell.edu (primary) or Maria Calvelo, mac2106@med.cornell.edu) and/or Pathology (Alexandria Nunez, aln2006@med.cornell.edu) for review.

Communicate any suggested changes made by Radiology and/or Pathology back to the Coverage Analysis Builder.



12. The review is complete if:

- a. All Visits and Billing designations on the Coverage Analysis match the study protocol, informed consent, and budget.
- b. Clinical services with R-RES and B-SOC designation codes have appropriate CPT codes.
- c. Radiology and/or Pathology has approved the review of their services for said study, if applicable.
- 13. To Signoff, click Menu.
- 14. Hover over Forms/Calendar.
- 15. Click **Specifications**.
- 16. Click Coverage Analysis Signoff in the bottom right-hand corner.