

# Clover

## Pre-Authorization List 2019

### Clover makes pre-authorization simple.

We recommend you make pre-authorization requests before providing any elective inpatient—or certain outpatient—services to Clover members. This helps us make sure we can cover the procedure you want to perform, and it helps prevent denials of coverage later down the line.

Types of service	What you need to know
Emergency Services	Pre-authorization never required
Inpatient Hospitalizations (Acute Stays)	<b>Pre-authorization required</b>
Elective Inpatient Procedures, Acute Rehabilitation, Long Term Acute Hospital, Sub-Acute Rehabilitation, Transitional Care Unit and Skilled Nursing Facilities	<b>Pre-authorization required</b>
Mental Health Services	<b>Pre-authorization required</b> for Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), and for services in inpatient settings that are eligible for Medicare Part A coverage.
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	<b>Pre-authorization may be required</b>
Services that are not reimbursable by Medicare	<b>Not covered</b>
Retroactive Auths	We'll consider these on a limited basis from contracted providers if submissions are received within 60 calendar days of the last date of service.
Outpatient Procedures & Surgeries	<b>Pre-authorization may be required.</b> Medical necessity of outpatient services may be reviewed by Clover directly, or by Clover's partner, HealthHelp. See the following list for categories reviewed by HealthHelp. Visit <a href="https://www.cloverhealth.com/en/pre-auth-request">https://www.cloverhealth.com/en/pre-auth-request</a> for authorization requirements for individual procedural codes.



**Questions?** Call Clover's Utilization Management Department  
(888) 995-1690 Monday–Friday, 8:00am–5:30pm EST (except holidays and weekends)

Effective Aug 1, 2019

Benefit Category	HealthHelp Codes						Notes
<b>Cardiac Diagnostic Testing</b>  Cardiac Computed Tomography Angiography (CCTA) Myocardial Perfusion Imaging Emission Computed Tomography (SPECT) Electrophysiology Study (EPS) Electrophysiology (EPS) with 3D Mapping Cardiac Mobile Outpatient Telemetry	75571	78452	78469	78494	93618	93640	<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607
<b>Cardiac Procedures/Surgeries</b>  Cardiac Catheterizations Outpatient Coronary Angioplasty/Stent Cardiac Ablation	92920	93452	93457	93530	93562	C9600	<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607  <b>Bolded Codes</b> indicate CMS IPO Codes
<b>Cardiac Devices</b>  Cardiac Resynchronization Therapy Defibrillators Pacemakers Wearable Cardiac Devices (e.g., LifeVest®) Loop Recorders Transcatheter Valve (TAVR, MitraClip) Ventricular Assist Devices Cardiac Valves	33206	33224	33244	33285	<b>33991</b>	C1898	<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607  <b>Bolded Codes</b> indicate CMS IPO Codes
	33207	33227	33249	33286	93745	C1899	
	33208	33228	33262	<b>33340</b>	C1721	C1900	
	33210	33229	33263	<b>33361</b>	C1722	C2619	
	33211	33230	33264	<b>33362</b>	C1777	C2620	
	33212	33231	33270	<b>33363</b>	C1779	C2621	
	33213	33233	33271	<b>33364</b>	C1785	K0606	
	33214	33234	33272	<b>33365</b>	C1786	K0607	
	33216	33235	33273	<b>33366</b>	C1882	K0608	
	33217	33240	33274	<b>33418</b>	C1895	K0609	
	33221	33241	33275	<b>33990</b>	C1896	<b>0345T</b>	

Benefit Category	HealthHelp Codes						Notes
<b><u>Orthopedic Procedures</u></b>	<b>22206</b>	<b>22857</b>	<b>27132</b>	<b>27445</b>	29889	<b>63185</b>	<b>Authorization requests should be sent directly to HealthHelp.</b>
Arthroplasty	22207	22861	27134	27446	29916	<b>63190</b>	
Arthroscopy	22210	22862	27137	27447	62380	<b>63191</b>	<b>Web:</b> www.healthhelp.com/ cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607
Open Joint Surgery	22212	22864	27138	<b>27486</b>	63001	<b>63250</b>	
Arthrodesis	22214	22865	27146	<b>27487</b>	63003	<b>63251</b>	
Laminotomy	22220	22867	27147	<b>27488</b>	63005	<b>63252</b>	
Laminectomy	22222	22869	27151	27570	63011	<b>63300</b>	
Corpectomy	22224	23120	27156	29806	63012	<b>63301</b>	
Foraminotomy	22510	23125	27161	29807	63015	<b>63302</b>	
Discectomy	22511	23130	27279	29819	63016	<b>63303</b>	
Kyphoplasty	22513	23195	<b>27280</b>	29820	63017	<b>63304</b>	
Vertebroplasty	22514	23405	<b>27282</b>	29821	63020	<b>63305</b>	
	<b>22533</b>	23406	27403	29822	63030	<b>63180</b>	
	<b>22548</b>	23410	27405	29823	63040	<b>63182</b>	
	22551	23412	27407	29824	63042	<b>63185</b>	
	22554	23415	27409	29825	63045	<b>63190</b>	
	<b>22556</b>	23420	27412	29827	63046	<b>63191</b>	
	<b>22558</b>	23430	27415	29828	63047	<b>63250</b>	
	<b>22586</b>	23440	27416	29860	<b>63050</b>	<b>63251</b>	
	<b>22590</b>	23450	27418	29861	<b>63051</b>	<b>63252</b>	
	<b>22595</b>	23455	27420	29862	63055	<b>63300</b>	
	<b>22600</b>	23460	27422	29863	63056	<b>63301</b>	
	<b>22610</b>	23462	27424	29868	63064	<b>63302</b>	
	22612	23465	27425	29875	63075	<b>63303</b>	
	<b>22630</b>	23466	27427	29876	<b>63077</b>	<b>63304</b>	
	<b>22633</b>	23470	27428	29877	<b>63081</b>	<b>63305</b>	
	<b>22800</b>	<b>23472</b>	27429	29879	<b>63085</b>	<b>63306</b>	
	<b>22802</b>	23473	27437	29880	<b>63087</b>	<b>63307</b>	
	<b>22849</b>	<b>23474</b>	27438	29881	<b>63090</b>	<b>0202T</b>	
	<b>22850</b>	23800	27440	29882	<b>63101</b>	<b>0219T</b>	
	<b>22852</b>	23802	27441	29883	<b>63102</b>	0274T	
	<b>22855</b>	<b>27125</b>	27442	29884	<b>63180</b>	0275T	
	22856	<b>27130</b>	27443	29888	<b>63182</b>	<b>0375T</b>	

Benefit Category	HealthHelp Codes						Notes
<p><b>Sleep</b></p> <p>Polysomnography</p>	95807	95808	95810	95811			<p><b>Authorization requests should be sent directly to HealthHelp.</b></p> <p><b>Web:</b> www.healthhelp.com/cloverhealth (recommended)  <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website)  <b>Phone:</b> 1-888-285-0607</p>
<p><b>Diagnostic Imaging</b></p> <p>CT</p> <p>CTA</p> <p>MRA</p> <p>MRI</p> <p>PET</p>	70336	70552	72148	73700	74712	C8903	<p><b>Authorization requests should be sent directly to HealthHelp.</b></p> <p><b>Web:</b> www.healthhelp.com/cloverhealth (recommended)  <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website)  <b>Phone:</b> 1-888-285-0607</p>
	70450	70553	72149	73701	75557	C8905	
	70460	70554	72156	73702	75559	C8906	
	70470	70555	72157	73706	75561	C8908	
	70480	71250	72158	73718	75563	C8909	
	70481	71260	72159	73719	75635	C8910	
	70482	71270	72191	73720	76380	C8911	
	70486	71275	72192	73721	77046	C8912	
	70487	71550	72193	73722	77047	C8913	
	70488	71551	72194	73723	77048	C8914	
	70490	71552	72195	73725	77049	C8918	
	70491	71555	72196	74150	77084	C8919	
	70492	72125	72197	74160	78459	C8920	
	70496	72126	72198	74170	78491	C8931	
	70498	72127	73200	74174	78492	C8932	
	70540	72128	73201	74175	78608	C8933	
	70542	72129	73202	74176	78811	C8934	
	70543	72130	73206	74177	78812	C8935	
	70544	72131	73218	74178	78813	C8936	
	70545	72132	73219	74181	78814	G0297	
	70546	72133	73220	74182	78815		
	70547	72141	73221	74183	78816		
	70548	72142	73222	74185	C8900		
	70549	72146	73223	74261	C8901		
	70551	72147	73225	74262	C8902		

Benefit Category	HealthHelp Codes						Notes
<b>Radiation Therapy</b>  2D3D Brachytherapy IMRT Neutron Therapy Proton Beam Stereotactic Radiosurgery	32701 61796 61798 63620 77371 77372 77373 77385 77386	77401 77402 77407 77412 77423 77424 77425 77520 77522	77523 77525 77750 77761 77762 77763 77767 77768 77770	77771 77772 77778 0394T 0395T G0339 G0340 G0458 G6003	G6004 G6005 G6006 G6007 G6008 G6009 G6010 G6011 G6012	G6013 G6014 G6015 G6016	<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607
<b>Oncology Surgical Procedures</b>  Lung Wedge Excisional Biopsy Lumpectomy	19120 19125	19301 19302	<b>32096</b> <b>32097</b>	<b>32505</b> 32607	32608 <b>32666</b>		<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607  <b>Bolded Codes</b> indicate CMS IPO Codes
<b>Part B Drugs</b>  <u>Medical Oncology Drugs</u> Chemotherapy Hormone Therapy Biologics Supportive Care Medications	A9513 A9542 A9543 A9606 <b>A9699<sup>†</sup></b> <b>C9257*</b> C9293 C9399 C9408 J0185 <b>J0202<sup>†</sup></b> J0207 J0594	<b>J0640<sup>†</sup></b> <b>J0641<sup>†</sup></b> <b>J0780<sup>†</sup></b> <b>J0881<sup>†</sup></b> <b>J0885<sup>†</sup></b> J0888 J0894 J0897 <sup>†</sup> <b>J1050<sup>†</sup></b> <b>J1094<sup>†</sup></b> J1100 <b>J1260<sup>†</sup></b> J1453	J1454 <b>J1557<sup>†</sup></b> <b>J1561<sup>†</sup></b> <b>J1566<sup>†</sup></b> J1569 <sup>†</sup> <b>J1570<sup>†</sup></b> J1572 <sup>†</sup> <b>J1626<sup>†</sup></b> J1627 J1675 J1930 J1950	<b>J2060<sup>†</sup></b> <b>J2353<sup>†</sup></b> <b>J2354<sup>†</sup></b> J2355 <b>J2358<sup>†</sup></b> <b>J2405<sup>†</sup></b> <b>J2430<sup>†</sup></b> <b>J2469<sup>†</sup></b> <b>J2505<sup>†</sup></b> <b>J2550<sup>†</sup></b> J2562 <b>J2765<sup>†</sup></b> <b>J2796<sup>†</sup></b>	J2797 <b>J2860<sup>†</sup></b> <b>J3262<sup>†</sup></b> J3315 J3316 <b>J3380<sup>†</sup></b> <b>J3485<sup>†</sup></b> <b>J3489<sup>†</sup></b> <b>J3490<sup>†</sup></b> <b>J3590<sup>†</sup></b> J7504	<b>J7527<sup>†</sup></b> J8501 <b>J8510<sup>†</sup></b> <b>J8520<sup>†</sup></b> <b>J8521<sup>†</sup></b> <b>J8530<sup>†</sup></b> <b>J8540<sup>†</sup></b> J8560 <b>J8597<sup>†</sup></b> <b>J8600<sup>†</sup></b> <b>J8610<sup>†</sup></b> J8655 J8670	<b>Authorization requests should be sent directly to HealthHelp.</b>  <b>Web:</b> www.healthhelp.com/cloverhealth (recommended) <b>Fax:</b> 1-888-265-0013 (request forms can be obtained at the above website) <b>Phone:</b> 1-888-285-0607  <sup>†</sup> (continued on next page) <sup>*</sup> (continued on next page)

Benefit Category	HealthHelp Codes						Notes
<b>Part B Drugs (cont'd)</b>	<b>J8700<sup>†</sup></b>	J9047	<b>J9190<sup>†</sup></b>	J9261	J9315	<b>Q0169<sup>†</sup></b>	(continued)
<u>Medical Oncology Drugs</u>	J8705	J9050	<b>J9200<sup>†</sup></b>	J9262	J9320	<b>Q0180<sup>†</sup></b>	
Chemotherapy	J8999	J9055	<b>J9201<sup>†</sup></b>	<b>J9263<sup>†</sup></b>	J9325	Q2017	<b>*Conditional</b>
Hormone Therapy	<b>J9000<sup>†</sup></b>	J9057	J9202	J9264	J9328	Q2042	If the medication
Biologics	J9015	<b>J9060<sup>†</sup></b>	J9203	J9266	J9330	Q2043	is administered in
Supportive Care Medications	J9017	J9065	J9205	<b>J9267<sup>†</sup></b>	J9340	Q2049	conjunction with an
	J9019	J9070	<b>J9206<sup>†</sup></b>	J9268	<b>J9351<sup>†</sup></b>	Q2050	oncology related
	J9022	J9098	J9207	<b>J9270<sup>†</sup></b>	J9352		treatment plan, it can be
	J9023	<b>J9100<sup>†</sup></b>	<b>J9208<sup>†</sup></b>	J9271	J9354		submitted along with the
	J9025	J9120	<b>J9209<sup>†</sup></b>	J9280	J9355		primary oncology related
	J9027	<b>J9130<sup>†</sup></b>	J9211	J9285	J9357		procedure or medication
	J9031	J9145	<b>J9213<sup>†</sup></b>	J9293	<b>J9360<sup>†</sup></b>		via the HealthHelp
	J9032	J9150	J9214	J9295	<b>J9370<sup>†</sup></b>		website.
	J9033	J9153	J9217	J9299	J9371		If the medication is
	J9034	J9155	J9218	J9301	<b>J9390<sup>†</sup></b>		administered individually
	J9035*	J9171	J9225	J9302	J9395		or in conjunction with
	J9039	J9173	J9226	J9303	J9400		a non-oncology related
	J9040 <sup>†</sup>	<b>J9175<sup>†</sup></b>	J9228	J9305	J9600		procedure or treatment
	J9041	J9176	J9229	J9306	<b>J9999<sup>†</sup></b>		plan, it can be submitted
	J9042	<b>J9178<sup>†</sup></b>	J9230	J9307	<b>Q0162<sup>†</sup></b>		to Clover Health for
	J9043	J9179	J9245	J9308	<b>Q0164<sup>†</sup></b>		review via the Provider
	J9044	<b>J9181<sup>†</sup></b>	<b>J9250<sup>†</sup></b>	J9311	<b>Q0166<sup>†</sup></b>		Authorization Submission
	J9045 <sup>†</sup>	J9185	<b>J9260<sup>†</sup></b>	J9312	<b>Q0167<sup>†</sup></b>		Tool.
							<b>*Conditional</b>
							If the medication
							is administered in
							conjunction with an
							oncology related
							treatment plan, it can be
							submitted along with the
							primary oncology related
							procedure or medication
							via the HealthHelp
							website.
							If the medication is
							administered individually
							or in conjunction with
							a non-oncology related
							procedure or treatment
							plan, authorization is not
							required.

Benefit Category	Clover Codes
<p><b><u>All Inpatient Services</u></b></p> <p>IP NOA, Psych, SNF, Acute Rehab</p>	<p>Please visit <a href="https://www.cloverhealth.com/en/pre-auth-request">https://www.cloverhealth.com/en/pre-auth-request</a> to check if a procedure code requires authorization.</p>
<p><b><u>Cardiac Procedures/Surgeries</u></b></p> <p>Peripheral Revascularization            Outpatient Transthoracic Echocardiogram (TTE)            Transesophageal Echocardiogram (TEE)</p>	
<p><b><u>Oncology Surgical Procedures</u></b></p> <p>Mastectomy            Non Cardiac Ablation            Thyroid Surgeries            Prostatectomy</p>	
<p><b><u>Other Part B Drugs</u></b></p> <p>Non-Oncology J Codes</p>	
<p><b><u>Behavioral Health, Mental Health, Alcohol &amp; Chemical Dependency Services</u></b></p> <p>Inpatient Psych Hospitalization            Partial Hospitalization (OP therapy 5 or more times a wk)            Intensive Outpatient Therapy (OP therapy 3 or more times a wk)</p> <p>Electroconvulsive Therapy</p>	
<p><b><u>Outpatient Therapy Services</u></b></p> <p>PT-First 10 visits do not require preauthorization            OT-First 10 visits do not require preauthorization            ST-First 10 visits do not require preauthorization            Chiropractic</p>	

Benefit Category	Clover Codes
<p><b><u>Home Health Care</u></b></p> <p>Home Health Home Infusion</p>	<p>Please visit <a href="https://www.cloverhealth.com/en/pre-auth-request">https://www.cloverhealth.com/en/pre-auth-request</a> to check if a procedure code requires authorization.</p>
<p><b><u>Other Surgical Procedures</u></b></p> <p>Integumentary System Respiratory System Male Genital System Female Genital System Nervous System Eye and Ocular Adnexa Other Musculoskeletal System Digestive System Urinary System</p>	
<p><b><u>Durable Medical Equipment (DME), Orthotics and Prosthetics</u></b></p> <p>Durable Medical Equipment (DME) Orthotics Prosthetics</p>	
<p><b><u>Ambulance</u></b></p> <p>Non-Emergent Ambulance Transport</p>	
<p><b><u>Molecular Diagnostics</u></b></p> <p>Genetic Testing</p>	



## Required Medical Records for Common Services

Benefit Category	Suggested Clinical Documentation for Medical Necessity Determinations
<b><u>CT Scan</u></b>	<ol style="list-style-type: none"> <li>1. Requesting physician records</li> <li>2. Neurology records</li> <li>3. Other specialties as needed</li> </ol>
<b><u>PET Scan</u></b>	<ol style="list-style-type: none"> <li>1. Requesting physician records</li> <li>2. Oncology records</li> </ol>
<b><u>Mental Health Services</u></b>	<ol style="list-style-type: none"> <li>1. Requesting physician records</li> <li>2. Psychiatry records</li> <li>3. Psychology/Social Worker notes</li> <li>4. Behavioral Health notes</li> </ol>
<b><u>Mastectomy</u></b>	<ol style="list-style-type: none"> <li>1. Height and weight.</li> <li>2. Body Surface Area (BSA)</li> <li>3. Clinical evaluation of the signs and/or symptoms ascribed to the macromastia, therapies prior to reduction mammoplasty and the responses to these therapies.</li> <li>4. The operative report with documentation of the weight of tissue removed from each breast, obtained in the operating room.</li> </ol>
<b><u>Bariatric Surgery</u></b>	<ol style="list-style-type: none"> <li>1. Recent surgeon's office notes which include               <ul style="list-style-type: none"> <li>• Height</li> <li>• Weight</li> <li>–BMI (Body Mass Index)</li> </ul> </li> <li>2. Diet History</li> <li>3. Co-morbidities</li> <li>4. Previous unsuccessful medical treatment for obesity</li> <li>5. Psychological Evaluation</li> <li>6. Nutritional Consult</li> </ol>

## Required Medical Records for Common Services

Benefit Category	Suggested Clinical Documentation for Medical Necessity Determinations
<b><u>Arthroplasty</u></b>	<ol style="list-style-type: none"> <li>1. Physician office note indicating: <ul style="list-style-type: none"> <li>• Condition requiring procedure</li> <li>• Associated co-morbidities that may affect the procedure</li> <li>• Conservative therapies tried and failed including duration</li> <li>• Patient's degree of pain and functional disability</li> <li>• Proposed procedure</li> </ul> </li> <li>2. Radiographic reports</li> <li>3. Documentation that patient has failed or is not a candidate for more conservative measures, i.e., osteotomy, hemiarthroplasty</li> <li>4. For replacement/revision of previous arthroplasty, include documentation of the condition or complication</li> </ol>
<b><u>Acute Inpatient Hospitalization</u></b>	<p>Acute Inpatient Prior Authorization or Notice of Admission (NOA)</p> <ol style="list-style-type: none"> <li>1. ED/Admission Notes</li> <li>2. History and Physical</li> <li>3. Laboratory and Diagnostics</li> </ol>
<b><u>Other Inpatient Services</u></b>	<p>SNF, Acute Rehab, LTACH</p> <ol style="list-style-type: none"> <li>1. Admission Purpose or Diagnosis</li> <li>2. Related Acute Inpatient Notes</li> <li>3. Treatment Plan for Skilled Therapies (PT/OT/ST)</li> <li>4. ADL Assessment including Prior Level of Functioning</li> <li>5. Intended Duration of Treatment Plan if Known (IV Therapy)</li> <li>6. Pre and Post Admission Assessment (Acute Rehab)</li> </ol>
<b><u>Behavioral Health, Mental Health, Alcohol &amp; Chemical Dependency Services</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Physician</li> <li>2. Services or Sessions Requested, including Duration (if Known)</li> <li>3. Behavioral Health History and Physical</li> <li>4. Medical History and Physical</li> </ol>

## Required Medical Records for Common Services

Benefit Category	Suggested Clinical Documentation for Medical Necessity Determinations
<b><u>Outpatient Therapy Services</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Physician</li> <li>2. Therapist Evaluation and Plan of Care</li> <li>3. Type of Therapy or Modality</li> <li>4. Sessions or Visits Requested</li> <li>5. Daily Therapy Notes (For Extension of Services or Additional Session Requests)</li> <li>6. Clover Health follows CMS NCD and LCD Guidelines for Medical Necessity of DMEPOS Coverage, unless Otherwise Specified in the Related Clinical Policy</li> <li>7. Refer to Clover Clinical Policy for Outpatient Rehabilitation Coverage Guidelines or Plan Benefit Limitations and Exclusions</li> </ol>
<b><u>Home Health Care</u></b>	<ol style="list-style-type: none"> <li>1. Requesting Physician Orders, Plan of Care, and Certification</li> <li>2. ADL, Functional, and Mobility Status Assessments</li> <li>3. Skilled Services Requested - Including Visits/Frequency</li> <li>4. Non-Skilled or DME Services Requested - Including Visits, CPT Codes</li> <li>5. Caregiver Information if Applicable</li> <li>6. Home Health Plan of Care and Skilled Services Summary (For Extension of Services or Recertification)</li> </ol>
<b><u>Ambulance</u></b>	<ol style="list-style-type: none"> <li>1. Requesting Physician Orders</li> <li>2. Diagnosis/Presenting Condition</li> <li>3. Preceding Inpatient Hospital Notes and Discharge Plan (When Applicable)</li> <li>4. Non Emergent Ambulance Transport Level of Care (LOC) Requested</li> <li>5. To and From Location(s)</li> </ol>
<b><u>Molecular Diagnostics</u></b>	<ol style="list-style-type: none"> <li>1. Requesting Physician Orders</li> <li>2. Diagnosis/Presenting Condition or Purpose for Genetic Testing</li> <li>3. Intended Treatment Plan (Based on Test Results) when Applicable</li> <li>4. CPT Code(s) Requested - Note: All Inclusive Panels may not be Covered. Please Refer to Clover Policy and Plan Benefits for Coverage Information.</li> <li>5. History and Physical, Medication Records, or Previous [related] Treatment History when Applicable</li> </ol>
<b><u>Cardiac Procedures/Surgeries</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Physician or ED/Admission Notes</li> <li>2. History and Physical, including Risk Factors</li> <li>3. Laboratory and Diagnostic Test Results (Including non-invasive tests - EKG, Stress Test, Echocardiogram).</li> </ol>

## Required Medical Records for Common Services

Benefit Category	Suggested Clinical Documentation for Medical Necessity Determinations
<b><u>Surgeries/Procedures/Testing</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Physician or ED/Admission Notes</li> <li>2. Procedure Requested</li> <li>3. History and Physical, including Risk Factors</li> <li>4. Laboratory and Diagnostic Test Results</li> <li>5. Place of Service or Level of Care (Inpatient or Outpatient)</li> <li>6. Refer to Clover Clinical Policy for Procedure Specific Medical Necessity guidance</li> </ol>
<b><u>Oncology Surgical Procedures</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Physician or ED/Admission Notes</li> <li>2. Procedure Requested</li> <li>3. History and Physical, including Risk Factors</li> <li>4. Laboratory and Diagnostic Test Results</li> <li>5. Place of Service or Level of Care (Inpatient or Outpatient)</li> <li>6. Refer to Clover Clinical Policy for Procedure Specific Medical Necessity guidance</li> </ol>
<b><u>Durable Medical Equipment (DME), Orthotics and Prosthetics</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Provider</li> <li>2. CPT Code(s) Requested</li> <li>3. Description/Duration of Rental or Purchase Specifications</li> <li>4. Clover Health follows CMS NCD and LCD Guidelines for Medical Necessity of DMEPOS Coverage, unless Otherwise Specified in the Related Clinical Policy.</li> <li>5. Refer to Clover Clinical Policy for Coverage Guidelines of Specific DMEPOS or Plan Benefit Limitations and Exclusions</li> </ol>
<b><u>Part B Drugs</u></b>	<ol style="list-style-type: none"> <li>1. Diagnosis/Presenting Condition per Requesting Provider</li> <li>2. Medication Request Details (Dose, Rate, Route, Frequency)</li> <li>3. History and Physical, Medication Records, or Previous [related] Treatment History when Applicable</li> </ol>