

Clover

Pre-Authorization List 2018

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.

Questions?

Clover's Utilization Management department
(888) 995-1690

Monday–Friday, 8:00am–5:30pm EST
(except holidays and weekends)

Type of service	What you need to know
Emergency Services	Pre-authorization never required
Inpatient hospitalizations (Acute Stays)	Pre-authorization required
Elective Inpatient procedures, Acute Rehabilitation, Long Term Acute Hospital, Sub-Acute Rehabilitation, Transitional Care Unit and Skilled Nursing Facilities	Pre-authorization required. If a service is not listed on the code list, but is being performed in the inpatient setting, it will require pre-authorization.
Mental Health Services	Pre-authorization required for Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), and for services in inpatient settings that are eligible for Medicare Part A coverage.
Procedures offered in the place of service of a MD's office	Pre-authorization required. There are 94 codes that require authorization when performed in the MD's office. The full list of codes can be found on page 5.
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	Pre-authorization sometimes required. DMEPOS will require pre-authorization if it is on the code list.
Services that are not reimbursable by Medicare	Not covered
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.

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CPT/HCPCS Codes #15823 – #93970

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15823	22630	*29822	31255	*33263	43244	49656	54410	58661	63664	67039	*72146	*73723	*78452	91110
19318	22633	*29823	31256	*33264	43246	49657	54416	58662	63685	67900	*72147	*74170	*78454	*92928
19340	22853	*29824	31267	*33270	43247	49659	55866	——	64555	67903	*72148	*74174	*78472	93306
19342	22854	29825	31276	33282	43259	49999	56620	60220	64590	67908	*72149	*74175	*78473	*93451
19350	22859	*29826	31287	36475	43264	——	57240	60240	64702	67921	72156	*74177	*78492	*93452
19357	22902	*29827	31288	36476	43274	50590	57260	61623	64704	68320	*72157	*74182	*78608	*93453
19366	23472	*29828	31295	36478	43275	51845	57288	61781	64708	69604	*72158	*74183	78650	*93454
19370	27130	*29875	31296	37224	43276	51860	57425	*61796	65730	69641	*72195	*75561	78707	*93455
19380	27132	*29876	31297	37225	43644	52310	58260	*61798	65755	69644	*72196	*75574	78708	*93456
——	27134	*29877	31299	37227	43860	52315	58262	61800	65780	——	*72197	*75635	78709	*93457
20931	*27425	*29879	*33207	37229	45380	52317	58356	*63015	65855	*70542	*73201	76001	78802	*93458
20937	*27427	*29880	*33208	37230	45384	52318	58541	*63030	65870	*70543	*73202	77321	78803	*93459
21215	*27446	*29881	*33213	37231	45385	52320	58542	63035	65875	*70551	*73218	77333	78804	*93460
21235	*27447	*29882	*33216	37238	46250	52327	58544	*63042	66172	*70552	*73220	*77371	78806	*93461
21248	27486	*29883	*33217	37722	46255	52330	58552	*63045	66180	*70553	*73221	*77372	*78811	93656
*22513	27487	29887	33225	——	46260	52332	58554	*63046	66183	*71250	*73222	*77373	*78812	93662
*22514	*27570	29893	*33227	42415	46261	52500	58555	*63047	66184	*71260	*73223	*77412	*78814	93701
*22551	27685	29895	*33228	42440	47562	52601	58558	63048	66185	*71270	*73700	77432	*78815	93880
22552	27823	29897	*33230	42826	49650	52630	58560	*63056	66250	*71275	*73701	77435	*78816	93886
*22554	28740	29899	*33231	43235	49651	52647	58561	*63075	66682	*71551	*73706	*77778	——	93890
22600	29805	29999	*33233	43237	49652	52648	58563	63076	66710	*72125	*73718	78300	81162	93892
22610	*29807	——	*33240	43238	49653	54400	58571	63081	66982	*72131	*73719	78305	81211	93923
*22612	*29820	31239	*33249	43239	49654	54401	58573	63650	66986	*72132	*73720	78306	——	93925
22614	*29821	31240	*33262	43242	49655	54405	58660	63663	67031	*72141	*73721	78320	90870	93970

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CPT/HCPCS Codes #93971 - #L3967

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93971	A0428	E0471	E0760	E1050	E1310	E2328	G0300	J1568	*J9025	*J9395	K0824	K0858	L0830	L2020
*95810	A0431	E0472	E0762	E1060	E1405	E2329	G0483	*J1570	*J9031	*J9999	K0825	K0859	L0859	L2030
*95811	A0434	E0482	E0764	E1070	E1800	E2330	G0493	J1650	*J9032	——	K0826	K0860	L1000	L2034
95812	——	E0483	E0781	E1084	E1801	E2373	G0494	J1740	*J9033	K0004	K0827	K0861	L1005	L2036
95816	E0170	E0486	E0782	E1087	E1802	E2376	G0495	J1745	*J9041	K0005	K0828	K0862	L1200	L2037
95819	E0193	E0500	E0783	E1088	E1805	E2402	G0496	J1756	*J9047	K0010	K0829	K0863	L1300	L2038
95822	E0194	E0575	E0786	E1092	E1806	E2502	*G6015	J2020	*J9055	K0011	K0835	K0864	L1310	L2108
95923	E0260	E0601	E0791	E1093	E1810	E2504	——	J2323	*J9060	K0012	K0836	——	L1680	L2126
95950	E0265	E0617	E0983	E1100	E1811	E2506	J0130	*J2354	*J9070	K0455	K0837	L0112	L1685	L2128
95951	E0266	E0618	E0984	E1110	E1815	E2508	J0132	J2357	*J9155	*K0606	K0838	L0456	L1686	L2134
95953	E0277	E0635	E0986	E1161	E1816	E2510	J0178	J2426	*J9171	K0730	K0839	L0462	L1690	L2136
95957	E0296	E0636	E0988	E1180	E1818	E2627	J0180	*J2469	*J9201	K0800	K0840	L0464	L1700	L2350
96367	E0300	E0639	E1002	E1190	E1825	E2629	J0490	*J2505	*J9202	K0801	K0841	L0480	L1710	L2525
96413	E0301	E0640	E1003	E1195	E1830	——	J0583	*J2562	*J9206	K0802	K0842	L0482	L1720	L2627
96521	E0302	E0651	E1004	E1230	E1840	G0151	J0585	J2778	*J9217	K0806	K0843	L0484	L1730	L2628
96920	E0303	E0652	E1005	E1232	E1841	G0152	J0587	J2785	*J9228	K0807	K0848	L0486	L1755	L3674
96921	E0304	E0670	E1006	E1233	E2120	G0153	J0637	*J2796	*J9263	K0808	K0849	L0631	L1833	L3730
96922	E0316	E0675	E1007	E1234	E2227	G0155	*J0881	J2997	*J9264	K0813	K0850	L0636	L1844	L3740
97110	E0371	E0692	E1008	E1235	E2310	G0156	*J0885	*J3315	*J9299	K0814	K0851	L0637	L1845	L3765
97112	E0372	E0693	E1010	E1236	E2311	G0158	*J0894	*J3489	*J9301	K0815	K0852	L0638	L1846	L3766
97140	E0373	E0694	E1012	E1237	E2312	G0159	*J0897	*J3590	*J9303	K0816	K0853	L0650	L1860	L3900
97530	E0462	E0744	E1030	E1238	E2321	G0161	J1327	J7189	*J9305	K0820	K0854	L0700	L1970	L3901
99304	E0465	E0747	E1035	E1240	E2322	G0162	*J1442	J7312	*J9306	K0821	K0855	L0710	L2000	L3904
——	E0466	E0748	E1036	E1280	E2325	G0277	*J1453	J7324	*J9310	K0822	K0856	L0810	L2005	L3961
0191T	E0470	E0749	E1037	E1295	E2327	G0299	*J1561	J7325	*J9355	K0823	K0857	L0820	L2010	L3967

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CPT/HCPCS Codes #L3971 - #V2627

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L3971	L5321	L5643	L5828	L5982	L6360	L6696	L6935	L7403	L8690
L3973	L5331	L5649	L5830	L5984	L6370	L6697	L6940	L7404	L8691
L3975	L5341	L5651	L5840	L5985	L6380	L6698	L6945	L7405	L8693
L3976	L5400	L5673	L5845	L5986	L6382	L6707	L6950	L7499	——
L3977	L5420	L5681	L5848	L5987	L6384	L6709	L6955	L8035	Q0479
L3978	L5500	L5683	L5856	L5988	L6400	L6712	L6960	L8040	Q0480
L4000	L5505	L5685	L5857	L5990	L6450	L6713	L6965	L8041	Q0481
L4631	L5510	L5699	L5858	L5999	L6500	L6714	L6970	L8042	Q0482
L5010	L5520	L5700	L5859	L6000	L6550	L6715	L6975	L8043	Q0483
L5020	L5530	L5701	L5930	L6010	L6570	L6721	L7007	L8044	Q0484
L5050	L5535	L5702	L5960	L6020	L6580	L6722	L7008	L8045	Q0489
L5060	L5540	L5703	L5961	L6026	L6582	L6880	L7009	L8046	Q0491
L5100	L5560	L5705	L5966	L6050	L6584	L6881	L7040	L8047	Q0495
L5105	L5570	L5707	L5968	L6055	L6586	L6882	L7045	L8609	Q0496
L5150	L5580	L5724	L5970	L6100	L6588	L6883	L7170	L8614	Q0503
L5160	L5585	L5726	L5971	L6110	L6590	L6884	L7180	L8619	Q5001
L5200	L5590	L5728	L5972	L6120	L6611	L6885	L7181	L8627	Q5002
L5210	L5595	L5780	L5973	L6130	L6621	L6890	L7185	L8628	Q5009
L5220	L5600	L5781	L5974	L6200	L6624	L6895	L7186	L8631	——
L5230	L5610	L5782	L5975	L6205	L6638	L6900	L7190	L8659	V2623
L5250	L5611	L5795	L5976	L6250	L6646	L6905	L7191	L8679	V2627
L5270	L5613	L5814	L5978	L6300	L6648	L6910	L7259	L8681	
L5280	L5614	L5822	L5979	L6310	L6693	L6920	L7400	L8682	
L5301	L5616	L5824	L5980	L6320	L6694	L6925	L7401	L8683	
L5312	L5639	L5826	L5981	L6350	L6695	L6930	L7402	L8689	

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Procedures requiring a prior authorization in an MD's office

33282	71275	74183	95812	*J3315
36475	*72141	75574	95816	J7312
36476	*72146	75635	95819	J7324
36478	*72148	77373	95951	J7325
——	*72156	77435	95953	*J9025
43235	*72157	78306	95957	*J9041
43239	*72158	78452	——	*J9047
49659	*72195	78472	G0277	*J9155
——	*72196	78473	——	*J9217
50590	*72197	78608	J0178	*J9264
52648	*73218	78802	J0490	*J9299
58260	*73220	78814	J0585	*J9310
——	*73221	78815	*J0881	*J9355
63650	*73222	78816	*J0885	
68320	*73223	——	*J0894	
——	*73718	91110	*J0897	
*70543	*73720	93880	*J1442	
*70551	*73721	93886	J1745	
*70552	*73723	93890	J2323	
*70553	74170	93892	J2357	
*71260	74174	95810	*J2505	
*71270	*74182	95811	J2778	

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New codes requiring preauthorization from HealthHelp on or after 7/2/2018

0195T	22558	23120	23800	27416	29863	33272	63101	70470	71552	74150	77407	78494	A9542	C8902
0202T	22586	23125	23802	27418	29868	33273	63102	70480	71555	74160	77423	78813	A9543	C8903
0219T	22590	23130	27125	27420	29884	——	63180	70481	72126	74176	77424	74712	A9606	C8904
0274T	22595	23195	27130	27422	29888	63620	63182	70482	72127	74178	77425	77767	A9699	C8905
0275T	22600	23405	27132	27424	29889	62380	63185	70486	72128	74181	77520	77768	——	C8906
0375T	22610	23406	27134	27428	29916	63001	63190	70487	72129	74185	77522	77770	C1721	C8907
0394T	22630	23410	27137	27429	——	63003	63191	70488	72130	74261	77523	77771	C1722	C8908
0395T	22633	23412	27138	27437	32701	63005	63250	70490	72133	74262	77525	77772	C1777	C8909
——	22800	23415	27146	27438	33206	63011	63251	70491	72142	75557	77750	——	C1779	C8910
22206	22802	23420	27147	27440	33210	63012	63252	70492	72159	75559	77761	92920	C1785	C8911
22207	22849	23430	27151	27441	33211	63016	63300	70496	72191	75563	77762	92937	C1786	C8912
22210	22850	23440	27156	27442	33212	63017	63301	70498	72192	75571	77763	92943	C1882	C8913
22212	22852	23450	27161	27443	33214	63020	63302	70540	72193	75572	77789	93530	C1895	C8914
22214	22855	23455	27279	27445	33221	63040	63303	70544	72194	75573	78451	93531	C1896	C8918
22220	22856	23460	27280	27486	33224	63050	63304	70545	72198	76380	78453	93532	C1898	C8919
22222	22857	23462	27282	27487	33229	63051	63305	70546	73200	77058	78459	93533	C1899	C8920
22224	22861	23465	27403	27488	33234	63055	63306	70547	73206	77059	78466	93561	C1900	C8931
22510	22862	23466	27405	29806	33235	63064	63307	70548	73219	77084	78468	93562	C2619	C8932
22511	22864	23470	27407	29819	33241	63077	——	70549	73225	77385	78469	93745	C2620	C8933
22533	22865	23472	27409	29860	33243	63081	70336	70554	73702	77386	78481	95807	C2621	C8934
22548	22867	23473	27412	29861	33244	63085	70450	70555	73722	77401	78483	95808	C8900	C8935
22556	22869	23474	27415	29862	33271	63087	70460	71550	73725	77402	78491	——	C8901	C8936

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New codes requiring preauthorization from HealthHelp on or after 7/2/2018

C9016	G6010	J1572	J7511	J9017	J9176	J9250	J9351	Q2040
C9024	G6011	J1626	J7520	J9019	J9178	J9260	J9352	Q2043
C9028	G6012	J1627	J7527	J9020	J9179	J9261	J9354	Q2049
C9257	G6013	J1630	J8499	J9022	J9181	J9262	J9357	Q2050
C9293	G6014	J1675	J8501	J9023	J9185	J9266	J9360	Q5101
C9399	G6016	J1930	J8510	J9027	J9190	J9267	J9370	
C9492	——	J1950	J8520	J9034	J9200	J9268	J9371	
C9600	J0202	J2060	J8521	J9035	J9203	J9270	J9390	
C9604	J0207	J2353	J8530	J9039	J9205	J9271	J9400	
C9607	J0594	J2355	J8540	J9040	J9207	J9280	J9600	
——	J0640	J2358	J8560	J9042	J9208	J9285	——	
G0297	J0641	J2405	J8562	J9043	J9209	J9293	K0607	
G0339	J0780	J2430	J8597	J9045	J9211	J9295	K0608	
G0340	J0888	J2550	J8600	J9050	J9212	J9302	K0609	
G0458	J1050	J2765	J8610	J9065	J9213	J9307	——	
G6003	J1094	J2820	J8655	J9098	J9214	J9308	Q0162	
G6004	J1100	J2860	J8670	J9100	J9216	J9315	Q0164	
G6005	J1260	J3262	J8700	J9120	J9218	J9320	Q0166	
G6006	J1447	J3380	J8705	J9130	J9225	J9325	Q0167	
G6007	J1557	J3485	J8999	J9145	J9226	J9328	Q0169	
G6008	J1566	J3490	J9000	J9150	J9230	J9330	Q0180	
G6009	J1569	J7504	J9015	J9175	J9245	J9340	Q2017	

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Required Medical Records for Common Services

1. CT Scan	<ol style="list-style-type: none"> 1. Requesting physician records 2. Neurology records 	<ol style="list-style-type: none"> 3. Other specialties as needed
2. PET Scan	<ol style="list-style-type: none"> 1. Requesting physician records 	<ol style="list-style-type: none"> 2. Oncology records
3. Mental Health Services	<ol style="list-style-type: none"> 1. Requesting physician records 2. Psychiatry records 	<ol style="list-style-type: none"> 3. Psychology/Social Worker notes 4. Behavioral Health notes
4. Part B Covered Drugs	<ol style="list-style-type: none"> 1. Requesting physician records 	
5. Mastectomy	<ol style="list-style-type: none"> 1. Height and weight. 2. Body Surface Area (BSA) 3. Clinical evaluation of the signs and/or symptoms ascribed to the macromastia, therapies prior to reduction mammoplasty and the responses to these therapies. 4. The operative report with documentation of the weight of tissue removed from each breast, obtained in the operating room. 	<ol style="list-style-type: none"> 5. The pathology report with the weight of the tissue removed from each breast. 6. Documentation of back or neck or shoulder pain from macromastia that was unrelieved by 6 months of conservative analgesia, supportive measures (garment, etc.), and physical therapy.
6. Bariatric Surgery	<ol style="list-style-type: none"> 1. Recent surgeon's office notes which include <ul style="list-style-type: none"> • Height • Weight <ul style="list-style-type: none"> – BMI (Body Mass Index) 2. Diet History 	<ol style="list-style-type: none"> 3. Co-morbidities 4. Previous unsuccessful medical treatment for obesity 5. Psychological Evaluation 6. Nutritional Consult
7. Arthroplasty	<ol style="list-style-type: none"> 1. Physician office note indicating: <ul style="list-style-type: none"> • Condition requiring procedure • Associated co-morbidities that may affect the procedure • Conservative therapies tried and failed including duration • Patient's degree of pain and functional disability • Proposed procedure 	<ol style="list-style-type: none"> 2. Radiographic reports 3. Documentation that patient has failed or is not a candidate for more conservative measures, i.e., osteotomy, hemiarthroplasty 4. For replacement/revision of previous arthroplasty, include documentation of the condition or complication

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Required Medical Records for Common Services

8. Power Wheelchairs/Power Operated Vehicles

1. Seven Element Order
2. Current Documentation that supports medical need for a power mobility device instead of alternate equipment for home mobility, e.g., manual wheelchair, walker, cane, scooter
3. Specific HCPCS codes for each accessories requested including make, model and price quotation
4. Physician's face-to-face evaluation record which must be from office notes, a check off or pre-prepared form cannot be accepted. The information must include the following:
 - Patient's current ambulation status including current mobility equipment being used and why it is no longer effective
 - Transfer status include the amount of time taken to transfer
 - Limitation of physical mobility that impacts mobility-related activities of daily living (MRADLs)
 - Estimated duration of use
 - Measurement of: strength; ability to move and distance the patient is able to move with assistive equipment; coordination; pain; or whether the patient has missing or disabled legs or arms.
 - Is there a history of falls?
5. Is the power mobility device going to be used primarily in the home or community?
6. Is the patient able to operate a manual wheelchair?
7. Documentation that supports that the patient is capable of safely operating the controls of the power wheelchair or scooter
8. Home/safety evaluation assessment dated after order for wheelchair is received by DME company
9. Power wheelchairs with special features require a Specialty Evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or Physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT or Physician may have no financial relationship with the supplier.

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Required Medical Records for Common Services

9. Prosthetics	<ol style="list-style-type: none">1. Detailed Prescription from physician2. Equipment quote with billing codes: for miscellaneous codes include make, model, part number and explanation as to why the item is needed3. Physician office notes with clinical information documenting:<ul style="list-style-type: none">• Medical history• Specify amputated limb and date• Current functional level including employment and recreational activities• Surfaces normally traversed• Conditions of contralateral limb	<ol style="list-style-type: none">4. Prosthesis fitting notes, if applicable5. Current K Level6. Specify whether the prosthetic is an initial or replacement, temporary or permanent.
10. Hospital Bed	<ol style="list-style-type: none">1. Prescription from physician2. Office notes with clinical documentation identifying:<ul style="list-style-type: none">• The need for positioning of the body in ways not feasible with an ordinary bed; and/or• The need for positioning of the body in ways not feasible with an ordinary bed to alleviate pain; and/or• The need for the head of bed elevated more than 30 degrees and why; and/or• The need for traction equipment.• Weight	<ol style="list-style-type: none">3. Explanation of requirement for height difference (to permit transfers to chair, wheelchair or standing position)4. Current transfer and bed mobility skills5. Current functional limitations with regards to activities of daily living6. Rationale for requirement for frequent or immediate changes in body position7. Susceptibility to ulcers, identify reasons <p>NOTE: Checklists are not sufficient</p>
11. CPAP/BIPAP	<ol style="list-style-type: none">1. Specify whether the device is an initial, continuation or replacement.2. For Initial Request:<ul style="list-style-type: none">• Face to Face evaluation prior to conducting sleep study• Sleep Study Report	<ol style="list-style-type: none">3. For Continuation:<ul style="list-style-type: none">• Face-to-Face Re-Evaluation• Compliance Report (Download)4. For Replacement:<ul style="list-style-type: none">• Age of the current device• Reason for replacement• Documentation showing member will still be using the device and will continue to benefit from it

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Required Medical Records for Common Services

12. MRI of the Lumbar Spine	<ol style="list-style-type: none"> 1. Reason for the procedure 2. Chief Complaints 3. Conservative Measures Tried and Failed including Duration 	<ol style="list-style-type: none"> 4. Is patient being considered for invasive treatment 5. Documentation showing pain with significant interference with daily function
13. Upper GI Endoscopy	<ol style="list-style-type: none"> 1. Reason for the Procedure 2. Chief Complaints 3. Trial of Appropriate Therapy and Duration (ie. PPI) 	<ol style="list-style-type: none"> 4. If requesting for Anemia work-up; <ul style="list-style-type: none"> • Laboratory (CBC) • Colonoscopy Result
14. Acute Rehabilitation/Sub-Acute Rehabilitation/Skilled Nursing Facility /Long Term Acute Care Hospital	<ol style="list-style-type: none"> 1. Physical/Occupational Therapy Notes to include; <ul style="list-style-type: none"> • Prior Level of Function • Baseline condition • Social History • Living Arrangement (Specify Steps to Enter the House) 2. Speech Therapy Notes 	<ol style="list-style-type: none"> 3. Documentation of skilled needs; <ul style="list-style-type: none"> • Wound care (wound assessment/measurement, treatment plan) • Intravenous Medication administration (Name of medication, dosage, frequency, end date) • Tube Feeding (Date of PEG insertion, Name formula, frequency, nutritional assessment) 4. If member has a caregiver; specify relationship, if living with the member, if participating in patient care. 5. Mechanical Ventilator Status; Vent settings, FIO2 levels, pulse oximetry, vital signs, abg results.
15. Nuclear Stress Test	<ol style="list-style-type: none"> 1. Reason for the Procedure 2. Chief Complaints 3. Risk Factors/Cardiac History 	<ol style="list-style-type: none"> 4. EKG Result (Rhythm Strip) 5. Reason why EKG Exercise Stress Test Cannot be Performed
16. Cardiac Catheterization	<ol style="list-style-type: none"> 1. Reason for the Procedure 2. Chief Complaints 3. Risk Factors/Cardiac History 	<ol style="list-style-type: none"> 4. EKG Result (Rhythm Strip) 5. Result of Noninvasive Testing (ie. Stress Test, Echo)
17. Inpatient Hospitalizations	<ol style="list-style-type: none"> 1. ER Notes 2. History and Physical 3. Consult Notes 	<ol style="list-style-type: none"> 4. Laboratory 5. Diagnostics

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Required Medical Records for Common Services

18. Orthosis

1. Detailed Written Order from the Physician
2. Equipment quote with billing codes and cost
3. Reason for custom orthotic required
4. Physician office notes documenting diagnosis and medical necessity for orthotic
5. Date and type of injury/surgery, if applicable
6. For Knee Orthotics (KO) include:
 - Documentation of deformity of the leg or knee
 - Size of thigh and calf
 - Sufficiency of muscle mass
 - Documentation that pediatric orthotics for small limbs or straps with additional length for large limbs have been ruled out
7. For AFO/KAFO include:
 - Duration condition will persist
 - Patient's ambulatory status
 - Physician office notes indicating a neurological, circulatory or orthopedic condition that supports the need for a custom orthotic
8. If a replacement: Please provide age of current orthotic and reason for replacement.

19. Pneumatic Compression Device

1. Detailed Written Order from the Physician
2. Physician office notes that address:
 - Patient symptoms
 - Clinical documentation that supports the diagnoses of Lymphedema or Chronic Venous Insufficiency with Venous Stasis Ulcers
 - Previous conservative treatments attempted
 - Evidence of regular Physician visits for the treatment of venous stasis ulcer during the past six (6) months
 - Date of trial and clinical response including objective effectiveness of treatment, pre- and post- treatment measurements and patient compliance
3. For E0652 the following additional information is required:
 - Treatment plan including the pressure in each chamber, frequency and duration of each treatment
 - Documentation as to whether a segmented compressor without calibrated gradient pressure, (E0651, or a non-segmented compressor, E0650, with a segmented appliance, E0671-E0673) had been tried and the results
 - Why the features of the device are needed
 - Name, model number and manufacturer of the device

20. EEG

1. Condition requiring the procedure
2. History, Physical and Neurologic Examination
3. List of anticonvulsant medication, if applicable.

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Required Medical Records for Common Services

21. Home Health Care

1. Specify services requested (SN, PT/OT/ST, HHA, SW) with corresponding CPT code, number of visits per week/frequency, diagnosis codes, care start date.

For the initial episode:

1. MD order and Completed 485 Plan of Care for requested certification period.
2. Recent Skilled Nurse Assessment and/or Initial visit Summary (Oasis).

Documentation required for subsequent episodes (Recertification):

1. Current 485 Plan of Care (may be unsigned)
2. MD Signed 485 Plan of Care from the previous episode.
3. The 60 day Skilled Nurse Summary (should be current) to include the following:
 - PT, ST, SW evaluations and notes if applicable.
 - Home Health Aide duties
 - Vital Signs ranges, O2 Sats, glucose levels, PT/INR levels, HCT/HGB if receiving B12 injections
 - Medication changes, wound care with wound measurements, edema with description, weight gain/weight loss
 - Patient's functional mobility.
 - If member has caregiver; specify relationship, if living with the member, if participating in patient care, if able to administer medications.
 - Recent inpatient or ER visits with dates and diagnosis.
 - Discharge Plan