

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) | 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 |
| 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. |
| Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) | Pre-authorization may be required |
| 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. |
| Outpatient Procedures & Surgeries | Pre-authorization may be required. 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 https://www.cloverhealth.com/en/pre-auth-request 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 Mar 15, 2019

| Benefit Category | HealthHelp Codes | | | | | | Notes |
|--|------------------|-------|-------|--------------|--------------|--------------|--|
| Cardiac Diagnostic Testing 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 | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 |
| Cardiac Procedures/Surgeries Cardiac Catheterizations Outpatient Coronary Angioplasty/Stent Cardiac Ablation | 92920 | 93452 | 93457 | 93530 | 93562 | C9600 | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 Bolded Codes indicate CMS IPO Codes |
| Cardiac Devices 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 | 33991 | C1898 | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 Bolded Codes indicate CMS IPO Codes |
| | 33207 | 33227 | 33249 | 33286 | 93745 | C1899 | |
| | 33208 | 33228 | 33262 | 33340 | C1721 | C1900 | |
| | 33210 | 33229 | 33263 | 33361 | C1722 | C2619 | |
| | 33211 | 33230 | 33264 | 33362 | C1777 | C2620 | |
| | 33212 | 33231 | 33270 | 33363 | C1779 | C2621 | |
| | 33213 | 33233 | 33271 | 33364 | C1785 | K0606 | |
| | 33214 | 33234 | 33272 | 33365 | C1786 | K0607 | |
| | 33216 | 33235 | 33273 | 33366 | C1882 | K0608 | |
| | 33217 | 33240 | 33274 | 33418 | C1895 | K0609 | |
| | 33221 | 33241 | 33275 | 33990 | C1896 | 0345T | |

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

| Benefit Category | HealthHelp Codes | | | | | | Notes |
|--|--|--|--|--|--|--|---|
| <p>Sleep</p> <p>Polysomnography</p> | <p>95807 95808 95810 95811</p> | | | | | | <p>Authorization requests should be sent directly to HealthHelp.</p> <p>Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607</p> |
| <p>Diagnostic Imaging</p> <p>CT CTA MRA MRI PET</p> | <p>70336 70552 72148 73700 74712 C8903 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</p> | | | | | | <p>Authorization requests should be sent directly to HealthHelp.</p> <p>Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607</p> |

| Benefit Category | HealthHelp Codes | | | | | | Notes |
|---|---|--|---|--|--|--|--|
| Radiation Therapy 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 | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 |
| Oncology Surgical Procedures Lung Wedge Excisional Biopsy Lumpectomy | 19120 19125 | 19301 19302 | 32096 32097 | 32505 32607 | 32608 32666 | | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 Bolded Codes indicate CMS IPO Codes |
| Part B Drugs <u>Medical Oncology Drugs</u> Chemotherapy Hormone Therapy Biologics Supportive Care Medications | A9513 A9542 A9543 A9606 A9699[†] C9257* C9293 C9399 C9408 J0185 J0202[†] J0207 J0594 | J0640[†] J0641[†] J0780[†] J0881[†] J0885[†] J0888 J0894 J0897 [†] J1050[†] J1094[†] J1100 J1260[†] J1453 | J1454 J1557[†] J1561[†] J1566[†] J1569[†] J1570[†] J0888 J0894 J1572[†] J1626[†] J1627 J1630[†] J1675 J1930 J1950 | J2060[†] J2353[†] J2354[†] J2355 J2358[†] J2405[†] J2430[†] J2469[†] J2505[†] J2550[†] J2562 J2765[†] J2796[†] | J2797 J2860[†] J3262[†] J3315 J3316 J3380[†] J3485[†] J3489[†] J3490[†] J3590[†] J7504 | J7527[†] J8501 J8510[†] J8520[†] J8521[†] J8530[†] J8540[†] J8560 J8597[†] J8600[†] J8610[†] J8655 J8670 | Authorization requests should be sent directly to HealthHelp. Web: www.healthhelp.com/cloverhealth (recommended) Fax: 1-888-265-0013 (request forms can be obtained at the above website) Phone: 1-888-285-0607 [†] (continued on next page) [*] (continued on next page) |

| Benefit Category | HealthHelp Codes | | | | | | Notes |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| Part B Drugs (cont'd) | J8700[†] | J9047 | J9190[†] | J9261 | J9315 | Q0169[†] | (continued) |
| <u>Medical Oncology Drugs</u> | J8705 | J9050 | J9200[†] | J9262 | J9320 | Q0180[†] | |
| Chemotherapy | J8999 | J9055 | J9201[†] | J9263[†] | J9325 | Q2017 | *Conditional |
| Hormone Therapy | J9000[†] | J9057 | J9202 | J9264 | J9328 | Q2042 | If the medication |
| Biologics | J9015 | J9060[†] | J9203 | J9266 | J9330 | Q2043 | is administered in |
| Supportive Care Medications | J9017 | J9065 | J9205 | J9267[†] | J9340 | Q2049 | conjunction with an |
| | J9019 | J9070 | J9206[†] | J9268 | J9351[†] | Q2050 | oncology related |
| | J9022 | J9098 | J9207 | J9270[†] | J9352 | | treatment plan, it can be |
| | J9023 | J9100[†] | J9208[†] | J9271 | J9354 | | submitted along with the |
| | J9025 | J9120 | J9209[†] | J9280 | J9355 | | primary oncology related |
| | J9027 | J9130[†] | J9211 | J9285 | J9357 | | procedure or medication |
| | J9031 | J9145 | J9213[†] | J9293 | J9360[†] | | via the HealthHelp |
| | J9032 | J9150 | J9214 | J9295 | J9370[†] | | website. |
| | J9033 | J9153 | J9217 | J9299 | J9371 | | If the medication is |
| | J9034 | J9155 | J9218 | J9301 | J9390[†] | | administered individually |
| | J9035* | J9171 | J9225 | J9302 | J9395 | | or in conjunction with |
| | J9039 | J9173 | J9226 | J9303 | J9400 | | a non-oncology related |
| | J9040 [†] | J9175[†] | J9228 | J9305 | J9600 | | procedure or treatment |
| | J9041 | J9176 | J9229 | J9306 | J9999[†] | | plan, it can be submitted |
| | J9042 | J9178[†] | J9230 | J9307 | Q0162[†] | | to Clover Health for |
| | J9043 | J9179 | J9245 | J9308 | Q0164[†] | | review via the Provider |
| | J9044 | J9181[†] | J9250[†] | J9311 | Q0166[†] | | Authorization Submission |
| | J9045 [†] | J9185 | J9260[†] | J9312 | Q0167[†] | | Tool. |
| | | | | | | | *Conditional |
| | | | | | | | 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><u>All Inpatient Services</u></p> <p>IP NOA, Psych, SNF, Acute Rehab</p> | <p>Please visit https://www.cloverhealth.com/en/pre-auth-request to check if a procedure code requires authorization.</p> |
| <p><u>Cardiac Procedures/Surgeries</u></p> <p>Peripheral Revascularization Outpatient Transthoracic Echocardiogram (TTE) Transesophageal Echocardiogram (TEE)</p> | |
| <p><u>Oncology Surgical Procedures</u></p> <p>Mastectomy Non Cardiac Ablation Thyroid Surgeries Prostatectomy</p> | |
| <p><u>Other Part B Drugs</u></p> <p>Non-Oncology J Codes</p> | |
| <p><u>Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services</u></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><u>Outpatient Therapy Services</u></p> <p>PT OT ST Chiropractic</p> | |

| Benefit Category | Clover Codes |
|--|--|
| <p>Home Health Care</p> <p>Home Health Home Infusion</p> | <p>Please visit https://www.cloverhealth.com/en/pre-auth-request to check if a procedure code requires authorization.</p> |
| <p>Other Surgical Procedures</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>Durable Medical Equipment (DME), Orthotics and Prosthetics</p> <p>Durable Medical Equipment (DME) Orthotics Prosthetics</p> | |
| <p>Ambulance</p> <p>Non-Emergent Ambulance Transport</p> | |
| <p>Molecular Diagnostics</p> <p>Genetic Testing</p> | |

Required Medical Records for Common Services

| Benefit Category | Suggested Clinical Documentation for Medical Necessity Determinations |
|--------------------------------------|--|
| <u>CT Scan</u> | <ol style="list-style-type: none"> 1. Requesting physician records 2. Neurology records 3. Other specialties as needed |
| <u>PET Scan</u> | <ol style="list-style-type: none"> 1. Requesting physician records 2. Oncology records |
| <u>Mental Health Services</u> | <ol style="list-style-type: none"> 1. Requesting physician records 2. Psychiatry records 3. Psychology/Social Worker notes 4. Behavioral Health notes |
| <u>Mastectomy</u> | <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. |
| <u>Bariatric Surgery</u> | <ol style="list-style-type: none"> 1. Recent surgeon's office notes which include <ul style="list-style-type: none"> • Height • Weight –BMI (Body Mass Index) 2. Diet History 3. Co-morbidities 4. Previous unsuccessful medical treatment for obesity 5. Psychological Evaluation 6. Nutritional Consult |

Required Medical Records for Common Services

| Benefit Category | Suggested Clinical Documentation for Medical Necessity Determinations |
|--|---|
| <u>Arthroplasty</u> | <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 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 |
| <u>Acute Inpatient Hospitalization</u> | <p>Acute Inpatient Prior Authorization or Notice of Admission (NOA)</p> <ol style="list-style-type: none"> 1. ED/Admission Notes 2. History and Physical 3. Laboratory and Diagnostics |
| <u>Other Inpatient Services</u> | <p>SNF, Acute Rehab, LTACH</p> <ol style="list-style-type: none"> 1. Admission Purpose or Diagnosis 2. Related Acute Inpatient Notes 3. Treatment Plan for Skilled Therapies (PT/OT/ST) 4. ADL Assessment including Prior Level of Functioning 5. Intended Duration of Treatment Plan if Known (IV Therapy) 6. Pre and Post Admission Assessment (Acute Rehab) |
| <u>Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services</u> | <ol style="list-style-type: none"> 1. Diagnosis/Presenting Condition per Requesting Physician 2. Services or Sessions Requested, including Duration (if Known) 3. Behavioral Health History and Physical 4. Medical History and Physical |

Required Medical Records for Common Services

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

Required Medical Records for Common Services

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