Clover
Pre-Authorization List

Pre-authorization allows Clover to make sure services are medically necessary.

It's recommended that physicians make pre-authorization requests before providing any elective inpatient—or certain outpatient—services to Clover members. This makes sure procedures are both covered and medically necessary. If services are provided without first pursuing pre-authorization, this may result in a denial of coverage.

Emergency services never require pre-authorization.

Inpatient hospitalizations (Acute Stays) are processed through concurrent review and will need authorization.

All elective Inpatient procedures, Acute Rehabilitation, Long Term Acute Hospital, Sub-Acute Rehabilitation, Transitional Care Unit and Skilled Nursing Facility services require pre-authorization. If a service is not listed on the code list, but is being performed in the inpatient setting, it will require pre-authorization.

Procedures offered in the place of service of a MD's office don't require pre-authorizations, with the exception of Part B injectable drugs on the code list.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) will require pre-authorization if the Medicare allowable or contracted rate is above a purchase price of $1,000 or above a monthly rental fee of $100. DMEPOS will always require pre-authorization if it is on the code list.

Mental Health will require pre-authorization for Intensive Outpatient Programs (IOP), Partial Hospitalization Programs (PHP), and for services in inpatient settings that are eligible for Medicare Part A coverage.

Retroactive auths will be considered on a limited basis from contracted providers if submissions are received within 60 calendar days of the last date of service.

Services that are not reimbursable by Medicare are not covered.

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

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CPT/HCPCS Codes #15823 – #99304

15823	28740	31256	42826	[redacted]	58356	63048	67908	72197	77373	93451	96367
19318	29805	31267	43235	50590	58541	63056	68320	73201	77432	93452	96521
19340	29807	31276	43237	51845	58542	63075	69604	73202	77435	93453	96920
19342	29820	31287	43238	51860	58544	63076	69641	73218	77778	93454	96921
19350	29821	31288	43239	52310	58552	63650	69644	73220	78300	93455	96922
19357	29822	31299	43242	52315	58554	63663	[redacted]	73221	78305	93456	99304
19366	29823	33207	43244	52317	58555	63664	70542	73222	78306	93457	
19370	29824	33208	43246	52318	58558	63685	70543	73223	78320	93458	
19380	29825	33213	43247	52320	58560	64555	70551	73700	78452	93459	
[redacted]	29826	33216	43259	52327	58561	64702	70552	73701	78472	93460	
20931	29827	33217	43264	52330	58563	64704	70553	73706	78473	93461	
20937	29828	33225	43274	52332	58571	64708	71250	73718	78492	93662	
21235	29875	33227	43275	52500	58573	65730	71260	73719	78608	93701	
22513	29876	33228	43276	52601	58660	65755	71270	73720	78650	93880	
22514	29877	33230	46250	52630	58661	65780	71275	73721	78707	93886	
22551	29879	33231	46255	52647	58662	65855	71551	73723	78708	93890	
22552	29880	33233	46260	52648	[redacted]	65870	72125	74170	78709	93892	
22554	29881	33240	46261	54400	60220	65875	72131	74174	78802	93970	
22612	29882	33249	49650	54401	60240	66172	72132	74175	78803	93971	
22614	29883	33262	49651	54405	61623	66180	72141	74182	78804	95810	
22851	29887	33263	49652	54410	61781	66183	72146	74183	78806	95811	
22902	29893	33264	49653	54416	61796	66184	72147	75561	78811	95812	
27425	29895	33282	49654	56620	61798	66185	72148	75574	78812	95816	
27427	29897	36475	49655	57240	61800	66250	72149	75635	78814	95819	
27446	29899	36476	49656	57260	63030	66682	72156	76001	78815	95822	
27447	29999	36478	49657	57288	63035	66710	72157	77321	78816	95950	
27570	[redacted]	[redacted]	49659	57425	63042	66986	72158	77333	[redacted]	95951	
27685	31240	42415	49999	58260	63046	67031	72195	77371	90870	95953	
27823	31255	42440		58262	63047	67039	72196	77372	91110	95957	

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CPT/HCPCS Codes #A0428 - #Q5009

A0428	J0132	J2505	J9264	L5828
[redacted]	J0178	J2562	J9265	L5845
E0260	J0180	J2778	J9299	L5848
E0277	J0490	J2785	J9305	L5856
E0470	J0583	J2796	J9310	L5968
E0486	J0585	J2997	J9355	L5979
E0601	J0587	J3315	J9395	L5980
E0747	J0637	J3489	J9999	L5981
E0748	J0881	J7189	[redacted]	L5988
E0749	J0885	J7312	K0004	[redacted]
E0760	J0886	J7324	K0606	Q5001
E2402	J0894	J7325	K0800	Q5002
[redacted]	J0897	J9025	K0806	Q5009
G0151	J1327	J9031	K0816	
G0152	J1442	J9032	K0823	
G0153	J1453	J9033	K0824	
G0155	J1561	J9041	K0825	
G0156	J1568	J9047	K0856	
G0158	J1570	J9055	[redacted]	
G0159	J1650	J9060	L5020	
G0161	J1740	J9070	L5301	
G0162	J1745	J9155	L5321	
G0163	J1756	J9171	L5540	
G0164	J2020	J9201	L5580	
G0277	J2323	J9202	L5611	
G0299	J2354	J9206	L5649	
G0300	J2357	J9217	L5651	
[redacted]	J2426	J9228	L5700	
J0130	J2469	J9263	L5701	

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Required Medical Records for Common Services

1. CT Scan	1. Requesting physician records 2. Neurology records	3. Other specialties as needed
2. PET Scan	1. Requesting physician records	2. Oncology records
3. Mental Health Services	1. Requesting physician records 2. Psychiatry records	3. Psychology/Social Worker notes 4. Behavioral Health notes
4. Part B Covered Drugs	1. Requesting physician records	
5. Mastectomy	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.	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	1. Recent surgeon's office notes which include • 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
7. Arthroplasty	1. Physician office note indicating: • 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

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.

Required Medical Records for Common Services

9. Prosthetics	1. Detailed Prescription from physician 2. Equipment quote with billing codes: for miscellaneous codes include make, model, part number and explanation as to why the item is needed 3. Physician office notes with clinical information documenting: • Medical history • Specify amputated limb and date • Current functional level including employment and recreational activities • Surfaces normally traversed • Conditions of contralateral limb	4. Prosthesis fitting notes, if applicable 5. Current K Level 6. Specify whether the prosthetic is an initial or replacement, temporary or permanent.
10. Hospital Bed	1. Prescription from physician 2. Office notes with clinical documentation identifying: • 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	3. Explanation of requirement for height difference (to permit transfers to chair, wheelchair or standing position) 4. Current transfer and bed mobility skills 5. Current functional limitations with regards to activities of daily living 6. Rationale for requirement for frequent or immediate changes in body position 7. Susceptibility to ulcers, identify reasons NOTE: Checklists are not sufficient
11. CPAP/BIPAP	1. Specify whether the device is an initial, continuation or replacement. 2. For Initial Request: • Face to Face evaluation prior to conducting sleep study • Sleep Study Report	3. For Continuation: • Face-to-Face Re-Evaluation • Compliance Report (Download) 4. For Replacement: • Age of the current device • Reason for replacement • Documentation showing member will still be using the device and will continue to benefit from it

Required Medical Records for Common Services

12. MRI of the Lumbar Spine	1. Reason for the procedure 2. Chief Complaints 3. Conservative Measures Tried and Failed including Duration	4. Is patient being considered for invasive treatment 5. Documentation showing pain with significant interference with daily function
13. Upper GI Endoscopy	1. Reason for the Procedure 2. Chief Complaints 3. Trial of Appropriate Therapy and Duration (ie. PPI)	4. If requesting for Anemia work-up; • Laboratory (CBC) • Colonoscopy Result
14. Acute Rehabilitation/Sub-Acute Rehabilitation/Skilled Nursing Facility /Long Term Acute Care Hospital	1. Physical/Occupational Therapy Notes to include; • Prior Level of Function • Baseline condition • Social History • Living Arrangement (Specify Steps to Enter the House) 2. Speech Therapy Notes	3. Documentation of skilled needs; • 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	1. Reason for the Procedure 2. Chief Complaints 3. Risk Factors/Cardiac History	4. EKG Result (Rhythm Strip) 5. Reason why EKG Exercise Stress Test Cannot be Performed
16. Cardiac Catheterization	1. Reason for the Procedure 2. Chief Complaints 3. Risk Factors/Cardiac History	4. EKG Result (Rhythm Strip) 5. Result of Noninvasive Testing (ie. Stress Test, Echo)
17. Inpatient Hospitalizations	1. ER Notes 2. History and Physical 3. Consult Notes	4. Laboratory 5. Diagnostics

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, 02 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