

Clover

Pre-Authorization Request

Need faster turnaround times?
Go online: cloverhealth.com/pre-auth



HOW TO USE THIS FORM:

- Complete** all required fields marked with an **asterisk (*)**.
Incomplete forms may be delayed unless all required information is received.
- Attach** copies of supporting clinical information.
Required clinical documentation is listed on our website: cloverhealth.com/pre-auth-list
- Fax** this form to 1-800-308-1107
- Call** us with questions, 1-888-995-1690 to chat with our Utilization Management dept.

MEMBER INFORMATION (please print clearly)

Member Name*	Member ID*	Date of Birth* ____/____/____ (MM / DD / YYYY)
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REQUESTING PROVIDER / FACILITY INFORMATION

Requesting NPI (Provider or Facility)* _____			Requesting Contact Name	
Requesting MD/Facility Name*			Title/Dept.	
Address*			Email	
City*	State*	ZIP code*	Phone	Fax

SERVICING PROVIDER / FACILITY INFORMATION

Servicing NPI (Provider or Facility)* _____		<input type="checkbox"/> Same as requesting Provider or Facility	Servicing Contact Name	
Servicing MD/Facility Name*		Specialty*	Title/Dept.	
Address*			Email	
City*	State*	ZIP code*	Phone	Fax

AUTHORIZATION REQUEST (please attach copies of required clinical documentation)*

Service Type* <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Place of Service* <input type="checkbox"/> MD Office <input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> Amg Surg. <input type="checkbox"/> Other _____	Start Date or Admission Date* ____/____/____	End Date or Discharge Date ____/____/____
Primary Procedure Code (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)*
Service Description			
Additional Procedure Code(s) (CPT/HCPCS)	Unit(s)	Modifier	Diagnosis Code (ICD 10)
Service Description			

URGENT REQUEST (If applicable, explain medical need to expedite*)

Routine requests are processed on a 14 calendar day timeframe, but does not mean we will take the full 14 days as we will process according to the member's needs and no later than 72 hours if the physician documents that would place the member's health in danger.

Total
Pages:

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, a delete this fax and notify Clover UM of the error.

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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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Pre-Authorization List 2018

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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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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Pre-Authorization List 2018

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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Pre-Authorization List 2018

Required Medical Records for Common Services

9. Prosthetics	<ol style="list-style-type: none"> 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: <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 applicable 5. Current K Level 6. Specify whether the prosthetic is an initial or replacement, temporary or permanent.
10. Hospital Bed	<ol style="list-style-type: none"> 1. Prescription from physician 2. 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 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 <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"> Reason for the procedure Chief Complaints Conservative Measures Tried and Failed including Duration 	<ol style="list-style-type: none"> Is patient being considered for invasive treatment Documentation showing pain with significant interference with daily function
13. Upper GI Endoscopy	<ol style="list-style-type: none"> Reason for the Procedure Chief Complaints Trial of Appropriate Therapy and Duration (ie. PPI) 	<ol style="list-style-type: none"> 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"> 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) Speech Therapy Notes 	<ol style="list-style-type: none"> 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) If member has a caregiver; specify relationship, if living with the member, if participating in patient care. Mechanical Ventilator Status; Vent settings, FIO2 levels, pulse oximetry, vital signs, abg results.
15. Nuclear Stress Test	<ol style="list-style-type: none"> Reason for the Procedure Chief Complaints Risk Factors/Cardiac History 	<ol style="list-style-type: none"> EKG Result (Rhythm Strip) Reason why EKG Exercise Stress Test Cannot be Performed
16. Cardiac Catheterization	<ol style="list-style-type: none"> Reason for the Procedure Chief Complaints Risk Factors/Cardiac History 	<ol style="list-style-type: none"> EKG Result (Rhythm Strip) Result of Noninvasive Testing (ie. Stress Test, Echo)
17. Inpatient Hospitalizations	<ol style="list-style-type: none"> ER Notes History and Physical Consult Notes 	<ol style="list-style-type: none"> Laboratory 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