



Clever Care of Golden State Procedures & Services Requiring Prior Authorization

- This grid applies to all Clever Care of Golden State patients; it is intended to be a guide and does not guarantee coverage.
- Medical Benefit Plan language supersedes the general information provided on this grid.
- The presence or absence of an item on this list does not define whether coverage or benefits exist for the service or procedure and/or CPT code.
- All services listed may be subject to copays, coinsurance, or other services limitations.
- CMS benefit coverage limitations apply to all service categories except those specifically listed as Clever Care Supplemental Benefits as address in the approved Medical Benefit Plan.
- Failure to prior authorize procedures or services on this grid may result in denial of coverage; as a result, financial responsibility may be yours.
- More specific and Detailed information is available in the Provider Guideline issued by Clever Care Health Plan.
- Use the EZ-NET Provider Access portal to submit and review prior authorization status in real time.

| SERVICE CATEGORY | AUTHORIZATION REQUIRED | AUTHORIZATION REQUEST MADE BY |
|---|------------------------|---|
| All Inpatient Services: IP, SNF, IRF, Psych | YES | Specialist/Service provider must request authorization. |
| Skilled Nursing Facility | YES | Specialist/Service provider must request authorization. |
| ASC/ Outpatient Hospital Surgery | YES | Specialist/Service provider must request authorization. |
| All Other unlisted Specialty services | YES | Specialist/Service provider must request authorization. |
| Ambulance Transport -Non-Emergency | YES | Specialist/Service provider must request authorization. |
| Chemotherapy | YES | Specialist/Service provider must request authorization. |
| Chiropractic Services -Medicare covered subluxation benefit | NO | NO AUTHORIZATION REQUIRED |
| Clinical Trials | YES | Specialist/Service provider must request authorization. |
| Dental Medicare Covered Services | YES | Specialist/Service provider must request authorization. |
| Dialysis & ESRD services | YES | Specialist/Service provider must request authorization. |
| Drugs, Part B | YES | Specialist/Service provider must request authorization. |
| Drugs Non-Formulary | YES | Specialist/Service provider must request authorization. |

| SERVICE CATEGORY | AUTHORIZATION REQUIRED | AUTHORIZATION REQUEST MADE BY |
|--|-----------------------------|--|
| Durable Medical Equipment | YES | Specialist/Service provider must request authorization. |
| Emergency Room | NO | NO AUTHORIZATION REQUIRED. |
| Home Health | YES | Specialist/Service provider must request authorization. |
| Home Infusion | YES | Specialist/Service provider must request authorization. |
| Hospice | YES | Specialist/Service provider must request authorization. |
| Laboratory-Diagnostic Testing | NO | NO AUTHORIZATION REQUIRED. |
| Laboratory-Genetic Testing | YES | Specialist/Service provider must request authorization. |
| Medical Supplies | YES | Specialist/Service provider must request authorization. |
| Orthotics & Prosthetics | YES | Specialist/Service provider must request authorization. |
| Office Visits Behavioral Health/Substance Abuse | YES | Specialist/Service provider must request authorization. |
| Office Visits PCP | NO | NO AUTHORIZATION REQUIRED. |
| Office Visits Specialist- Initial Consultation Limited to these service codes for initial visit only 99210-99204, 99241-99245 | NO-For Initial Visit | Patients may self-refer for initial consultation without authorization. All Subsequent visits with specialist and visits with procedures require authorization |
| Office Visits Specialist Subsequent visits and Visits with procedures | YES | Specialist must request authorization for visit and procedures to be performed. |
| Other Diagnostic Procedures, Stress, Echo, | YES | Specialist/Service provider must request authorization. |
| Podiatry | YES | Specialist must request authorization for visit and procedures to be performed. |
| Preventive Medicare Exams & Services | NO | NO AUTHORIZATION REQUIRED. |
| Radiology CT, MRA, MRI, Nuclear Studies, PET | YES | Specialist/Service provider must request authorization. |
| Radiology Nuclear Imaging, PET | YES | Specialist/Service provider must request authorization. |
| Radiation Therapy | YES | Specialist/Service provider must request authorization. |
| Rehabilitation-Cardiac/Pulmonary | YES | Specialist/Service provider must request authorization. |
| Therapy PT, OT, ST, Occupational | YES | Specialist/Service provider must request authorization. |
| Transplant Services | YES | Specialist/Service provider must request authorization. |
| Urgent Care | NO | NO AUTHORIZATION REQUIRED. |
| Vision-MCR | YES | Specialist/Service provider must request authorization. |

| SERVICE CATEGORY | AUTHORIZATION REQUIRED | AUTHORIZATION REQUEST MADE BY |
|--|------------------------|--|
| Out of Network Services-ALL | YES | Referring Provider must request authorization. |
| SUPPLEMENTAL BENEFITS | | |
| Acupuncture | NO | NO AUTHORIZATION REQUIRED. |
| Eastern Medicine Specialty Services: Cupping, Moxibustion, Massage at Clever Care Network Provider | NO | NO AUTHORIZATION REQUIRED. |
| Dental Services at Liberty Dental Service Provider | NO | NO AUTHORIZATION REQUIRED. |
| Eye Exam-Refraction for Eyeglasses or Contacts at Eye Med Network Provider | NO | NO AUTHORIZATION REQUIRED. |
| Eyeglasses/Contact Lens Reimbursement at Eye Med Network Provider | NO | NO AUTHORIZATION REQUIRED. |
| Hearing Aids- Evaluation and Fitting at Nations Hearing Provider | NO | Specialist/Service provider must request authorization. |
| OTC Herbal Supplements | NO | Available only thru Acupuncture Office or Clever Care Customer Service Order program |
| OTC Health Related Products | NO | Order via the Clever Care OTC Program for home delivery |
| Annual Routine Physical Exam in PCP office | NO | NO AUTHORIZATION REQUIRED. |
| Wellness Reimbursement-Yoga & Tai-Chi Classes | NO | NO AUTHORIZATION REQUIRED. |