

### Clever Care of Golden State Prior Authorization Requirements for Procedures and Services

- 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	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Office Visits Specialist- Initial Consultation Limited to these service codes for initial visit only 99210-99204, 99241-99245	<b>NO-For Initial Visit</b>	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	<b>NO</b>	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	<b>NO</b>	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	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Eastern Medicine Specialty Services: Cupping, Moxibustion, Massage at Clever Care Network Provider	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Dental Services at Liberty Dental Service Provider	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Eye Exam-Refractive for Eyeglasses or Contacts at Eye Med Network Provider	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Eyeglasses/Contact Lens Reimbursement at Eye Med Network Provider	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Hearing Aids- Evaluation and Fitting at Nations Hearing Provider	<b>NO</b>	Specialist/Service provider must request authorization.
OTC Herbal Supplements	<b>NO</b>	Available only thru Acupuncture Office or Clever Care Customer Service Order program
OTC Health Related Products	<b>NO</b>	Order via the Clever Care OTC Program for home delivery
Annual Routine Physical Exam in PCP office	<b>NO</b>	NO AUTHORIZATION REQUIRED.
Wellness Reimbursement-Yoga & Tai-Chi Classes	<b>NO</b>	NO AUTHORIZATION REQUIRED.