

Outpatient Therapy Prior Authorization Transition

Effective February 1st, 2023, eviCore will be responsible for reviewing all outpatient therapy authorizations for Clover members. Training sessions on how to submit prior authorization requests for Physical, Occupational, and Speech Therapy will be held by eviCore and are available for registration. Instructions to register for a training session are provided below.

Please note, Clover will continue to allow the first 15 PT, OT, and/or ST sessions without prior authorization per discipline, per year. All outpatient therapy visits beyond 15 require prior authorization.

Registration

All online orientation sessions require advance registration. Each online orientation session is free of charge and will last approximately one hour. Please choose from the following session program specific training webinars:

Session Names: Clover Health Outpatient Therapies – Physical, Occupational and Speech Provider Orientation

Session Dates:

- 1/24/23 10 am ET
- 1/26/23 7:30 am ET
- 1/27/23 12 pm ET
- 2/6/23 11 am ET

How To Register

Please read the following instructions to register for and participate in a session:

1. Please go to [evicore.webex.com](https://www.evicore.com/webex)
2. Select "Webex Training" below the 'Sign in' button.
3. Click the "Upcoming" Tab. Choose - **Clover Health Outpatient Therapies – Physical, Occupational and Speech Provider Orientation**
4. Click "Register" next to the session you wish to attend.
5. Enter the registration information.

After you have registered for the conference, you will receive an e-mail containing the toll-free phone number and meeting number, conference password, and a link to the web portion of the session. **Please keep the registration e-mail so you will have the link to the Web conference and the call-in number for the session in which you will be participating.**

If you are unable to participate in a session, you can view the presentation on the Health Alliance Medical Plans Resources page located on [evicore.com](https://www.evicore.com) or by using this URL <https://www.evicore.com/resources/healthplan/health-alliance>

If you have any questions regarding the eviCore web portal, please contact the Web Support team via email at portal.support@evicore.com or via phone at 800.646.0418 (Option 2). For any Client or Provider inquiries not associated with this training, please email ClientServices@evicore.com.

Comprehensive Physical Therapy & Occupational Therapy Prior Authorization CPT Code List

| CPT® Code | CPT® Code Description |
|-----------|--|
| 90901 | Biofeedback Training By Any Modality |
| 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient |
| 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) |
| 95851 | Range Of Motion Measurements And Report (Separate Procedure); Each Extremity (Excluding Hand) Or Each Trunk Section (Spine) |
| 95852 | Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side |
| 95992 | Canalith Repositioning Procedure(S) (Eg, Epley Maneuver, Semont Maneuver), Per Day |
| 97010 | Application Of A Modality To 1 Or More Areas; Hot Or Cold Packs |
| 97012 | Application Of A Modality To 1 Or More Areas; Traction, Mechanical |
| 97014 | Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Unattended) |
| 97016 | Application Of A Modality To 1 Or More Areas; Vasopneumatic Devices |
| 97018 | Application Of A Modality To 1 Or More Areas; Paraffin Bath |
| 97022 | Application Of A Modality To 1 Or More Areas; Whirlpool |
| 97024 | Application Of A Modality To 1 Or More Areas; Diathermy (Eg, Microwave) |
| 97026 | Application Of A Modality To 1 Or More Areas; Infrared |
| 97028 | Application Of A Modality To 1 Or More Areas; Ultraviolet |
| 97032 | Application Of A Modality To 1 Or More Areas; Electrical Stimulation (Manual), Each 15 Minutes |
| 97033 | Application Of A Modality To 1 Or More Areas; Iontophoresis, Each 15 Minutes |
| 97034 | Application Of A Modality To 1 Or More Areas; Contrast Baths, Each 15 |

| | Minutes |
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| 97035 | Application Of A Modality To 1 Or More Areas; Ultrasound, Each 15 Minutes |
| 97036 | Application Of A Modality To 1 Or More Areas; Hubbard Tank, Each 15 Minutes |
| 97039 | Unlisted Modality (Specify Type And Time If Constant Attendance) |
| 97110 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Therapeutic Exercises To Develop Strength And Endurance, Range Of Motion And Flexibility |
| 97112 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Neuromuscular Reeducation Of Movement, Balance, Coordination, Kinesthetic Sense, Posture, And/Or Proprioception For Sitting And/Or Standing Activities |
| 97113 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Aquatic Therapy With Therapeutic Exercises |
| 97116 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Gait Training (Includes Stair Climbing) Climbing) |
| 97124 | Therapeutic Procedure, 1 Or More Areas, Each 15 Minutes; Massage, Including Effleurage, Petrissage And/Or Tapotement (Stroking, Compression, Percussion) |
| 97129 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes |
| 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) |
| 97139 | Unlisted Therapeutic Procedure (Specify) |
| 97140 | Manual Therapy Techniques (Eg, Mobilization/ Manipulation, Manual Lymphatic Drainage, Manual Traction), 1 Or More Regions, Each 15 Minutes |
| 97150 | Therapeutic Procedure(S), Group (2 Or More Individuals) |

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| <p>97164</p> | <p>Re-Evaluation Of Physical Therapy Established Plan Of Care, Requiring These Components: An Examination Including A Review Of History And Use Of Standardized Tests And Measures Is Required; And Revised Plan Of Care Using A Standardized Patient Assessment Instrument And/Or Measurable Assessment Of Functional Outcome Typically, 20 Minutes Are Spent Face-To-Face With The Patient And/Or Family.</p> |
| <p>97168</p> | <p>Re-Evaluation Of Occupational Therapy Established Plan Of Care, Requiring These Components: An Assessment Of Changes In Patient Functional Or Medical Status With Revised Plan Of Care; An Update To The Initial Occupational Profile To Reflect Changes In Condition Or Environment That Affect Future Interventions And/Or Goals; And A Revised Plan Of Care. A Formal Reevaluation Is Performed When There Is A Documented Change In Functional Status Or A Significant Change To The Plan Of Care Is Required. Typically, 30 Minutes Are Spent Face-To-Face With The Patient And/Or Family.</p> |
| <p>97530</p> | <p>Therapeutic Activities, Direct (One-On-One) Patient Contact (Use Of Dynamic Activities To Improve Functional Performance), Each 15 Minutes</p> |
| <p>97533</p> | <p>Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact, Each 15 Minutes</p> |
| <p>97535</p> | <p>Self-Care/Home Management Training (Eg, Activities Of Daily Living (ADL) And Compensatory Training, Meal Preparation, Safety Procedures, And Instructions In Use Of Assistive Technology Devices/Adaptive Equipment) Direct One-On-One Contact, Each 15 Minutes</p> |
| <p>97537</p> | <p>Community/Work Reintegration Training (Eg, Shopping, Transportation, Money Management, Avocational Activities And/Or Work Environment/Modification Analysis, Work Task Analysis, Use Of Assistive Technology Device/Adaptive Equipment), Direct One-On-One Contact, Each 15 Minutes</p> |
| <p>97542</p> | <p>Wheelchair Management (Eg, Assessment, Fitting, Training), Each 15 Minutes</p> |
| <p>97545</p> | <p>Work Hardening /Conditioning; Initial 2 Hours</p> |
| <p>97546</p> | <p>Work Hardening /Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)</p> |

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| <p>97597</p> | <p>Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; First 20 Sq Cm Or Less</p> |
| <p>97598</p> | <p>Debridement (Eg, High Pressure Waterjet With/Without Suction, Sharp Selective Debridement With Scissors, Scalpel And Forceps), Open Wound, (Eg, Fibrin, Devitalized Epidermis And/Or Dermis, Exudate, Debris, Biofilm), Including Topical Application(S), Wound Assessment, Use Of A Whirlpool, When Performed And Instruction(S) For Ongoing Care, Per Session, Total Wound(S) Surface Area; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure)</p> |
| <p>97602</p> | <p>Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session</p> |
| <p>97605</p> | <p>Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Less Than Or Equal To 50 Square Centimeters</p> |
| <p>97606</p> | <p>Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Utilizing Durable Medical Equipment (DME), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface Area Greater Than 50 Square Centimeters</p> |
| <p>97750</p> | <p>Physical Performance Test Or Measurement (Eg, Musculoskeletal, Functional Capacity), With Written Report, Each 15 Minutes</p> |
| <p>97755</p> | <p>Assistive Technology Assessment (Eg, To Restore, Augment Or Compensate For Existing Function, Optimize Functional Tasks And/Or Maximize Environmental Accessibility), Direct One-On-One Contact, With Written Report, Each 15 Minutes</p> |
| <p>97760</p> | <p>Orthotic(S) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(Ies), Lower Extremity(Ies) And/Or Trunk, Initial Orthotic(S) Encounter, Each 15 Minutes</p> |

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| 97761 | Prosthetic(S) Training, Upper And/Or Lower Extremity(les), Initial Prosthetic(S) Encounter, Each 15 Minutes |
| 97763 | Orthotic(S)/Prosthetic(S) Management And/Or Training, Upper Extremity(les), Lower Extremity(les), And/Or Trunk, Subsequent Orthotic(S)/Prosthetic(S) Encounter, Each 15 Minutes |
| 97799 | Unlisted Physical Medicine/Rehabilitation Service Or Procedure |
| G0281 | Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Etc. |
| G0282 | Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281 |
| G0283 | Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care |
| G0329 | Electromagnetic Therapy, To One Or More Areas For Chronic Stage III And Stage IV Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers And Venous Stasis Ulcers Not Demonstrating Measurable Signs Of Healing After 30 Days Of Conventional Care As Part Of A Therapy Plan Of Care |
| 31575 | Laryngoscopy, Flexible Fiberoptic; Diagnostic |
| 31579 | Laryngoscopy, Flexible Or Rigid Fiberoptic, With Stroboscopy |
| 92507 | Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Individual |
| 92508 | Treatment Of Speech, Language, Voice, Communication, And/Or Auditory Processing Disorder; Group, 2 Or More Individuals |
| 92511 | Nasopharyngoscopy With Endoscope (Separate Procedure) |
| 92520 | Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing) |
| 92521 | Evaluation Of Speech Fluency (Eg, Stuttering, Cluttering) |
| 92522 | Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria); |
| 92523 | Evaluation Of Speech Sound Production (Eg, Articulation, Phonological Process, Apraxia, Dysarthria); With Evaluation Of Language Comprehension And Expression (Eg, Receptive And Expressive Language) |
| 92524 | Behavioral And Qualitative Analysis Of Voice And Resonance |
| 92526 | Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding |
| 92597 | Evaluation For Use And/Or Fitting Of Voice Prosthetic Device To Supplement Oral Speech |

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| 92605 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour |
| 92606 | Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification |
| 92607 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour |
| 92608 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure) |
| 92609 | Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification |
| 92610 | Evaluation Of Oral And Pharyngeal Swallowing Function |
| 92611 | Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording |
| 92612 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; |
| 92613 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing By Cine Or Video Recording; Interpretation And Report Only |
| 92614 | Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; |
| 92615 | Flexible Fiberoptic Endoscopic Evaluation, Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only |
| 92616 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; |
| 92617 | Flexible Fiberoptic Endoscopic Evaluation Of Swallowing And Laryngeal Sensory Testing By Cine Or Video Recording; Interpretation And Report Only |
| 92618 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure) |
| 92626 | Evaluation Of Auditory Rehabilitation Status; First Hour |
| 92627 | Evaluation Of Auditory Rehabilitation Status; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure) |

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| 92630 | Auditory Rehabilitation; Prelingual Hearing Loss |
| 92633 | Auditory Rehabilitation; Postlingual Hearing Loss |
| 96105 | Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, Per Hour |
| 96110 | Developmental Screening (Eg, Developmental Milestone Survey, Speech And Language Delay Screen), With Scoring And Documentation, Per Standardized Instrument |
| 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour |
| 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) |
| 96125 | Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Qualified Health Care Professional's Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report |
| 97129 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes |
| 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) |

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| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands; each 15 minutes. |
| G0451 | Development testing, with interpretation and report, per standardized instrument form |
| G0515 | Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes |