



## **Important Notice: New Tertiary-Quaternary (TQ) Process for Alliance Providers and Specialists Referring Members to Academic Centers**

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Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important notice we would like to share with you.

**Starting Saturday, October 1, 2022**, the new Alliance Tertiary-Quaternary (TQ) Policy will be implemented to help standardize the process for reviewing referrals and transitions to tertiary and quaternary centers. This will also help ensure consistency of all reviews, both internally and externally (delegates, hospitals, clinics), resulting in highly specialized care prevention that impacts illness and restores health to the highest physical or psychological function. The new policy will also help provide timely transition of members to the right level of care at the right time. The Alliance only makes utilization management decisions based on the appropriateness of care and the existence of coverage.

### **What does this mean for our providers?**

An approved authorization will now be required for office visits at any level or consultation at an Alliance TQ provider. Examples of TQ providers include the University of California, Davis (UC Davis), University of California, San Francisco (UCSF) Medical Center, and Stanford.

### **Which providers need to obtain prior authorization (PA) before referring members to a TQ center?**

All community-level primary care providers (PCPs) and specialists will now need prior authorization (PA) for any member they wish to refer to a TQ center for an office visit.

### **What if your patient is currently receiving services from a TQ center before Saturday, October 1, 2022?**

All consultations and office visits rendered on or after Saturday, October 1, 2022, will require PA. If an Alliance member is already receiving services and in treatment for an active episode of care prior to Saturday, October 1, 2022, the provider should submit a PA and indicate the care that is actively being received.

### **How and where do you submit PA requests?**

- You can submit PA requests through either of the following ways:
  - Complete the general Alliance Prior Authorization (PA) Form and submit it by fax to the Alliance Utilization Management (UM) Department at **1.855.891.7174**.
  - Electronically through our Alliance Provider Portal. To access the Alliance Provider Portal, please visit **[www.alamedaalliance.org](http://www.alamedaalliance.org)**.

**What information should be included with your request?**

- Indicate reason(s) member requires tertiary level service
- Primary diagnosis driving TQ level care
- Include any information or records from community specialists
- Plan of care if applicable
- Anticipated length of treatment

**All other services that currently require a PA will remain the same. For delegated members, the prior authorization request will be submitted to the delegated medical group.**

For more information, please view the Alliance Provider Manual on our website at **[www.alamedaalliance.org/providers/alliance-provider-manual](http://www.alamedaalliance.org/providers/alliance-provider-manual)**.

Thank you for your continued partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4510**  
**[www.alamedaalliance.org](http://www.alamedaalliance.org)**

# ALAMEDA ALLIANCE FOR HEALTH PRIOR AUTHORIZATION (PA) GRID FOR MEDICAL BENEFITS

Effective 9/1/2022

QUESTIONS? Please call the Alliance Provider Services Department at **1.510.747.4510**

Before services are provided, please check:

- Member eligibility
- Medical group member assignment
- Benefit coverage
- Medi-Cal excluded code

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Acupuncture	Medi-Cal	Limited to four (4) services per month to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.			√	
		More than four (4) services per month to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition.		√		
	Group Care	First 10 visits per benefit year (self-referral).			√	
		After 10 visits per benefit year.		√		
Audiology	Medi-Cal	Limited to two (2) services per month in an outpatient setting.			√	
		More than two (2) services per month in an outpatient setting.		√		
Admissions <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Long-term Acute Care (LTAC)</li> <li>• Skilled Nursing Facility (SNF)</li> <li>• Subacute</li> </ul>	All LOB	Contracted facilities must notify the Alliance within <b>24 hours</b> of an acute admission. Non-contracted facilities must notify the Alliance as soon as the member's medical condition has been stabilized per California Health and Safety Code Section 1261.8. All facilities, contracted and non-contracted, must notify the Alliance within <b>24 hours</b> of a change in the level of care or discharge from the facility.		√		Admission notifications should be faxed to the Alliance UM Department at <b>1.855.313.6306</b> . Clinical information can be faxed to <b>1.855.891.7409</b> .
Allergy Services	All LOB	Allergen-specific, each allergen is covered up to 50 units per patient annually; additional units would require medically necessary review.		√		
Bariatric Psychiatric Evaluations	All LOB			√		Beacon Health Options Toll-Free: <b>1.855.856.0577</b>
Biofeedback	Medi-Cal		√			
	Group Care	Policy Exception: Covered if part of a treatment plan for Pervasive Developmental Disorder (PDD) or autism.		√		
Blood Products	All LOB			√		

NCB = Non-Covered Benefit

PA = Prior Authorization

LOB = Line of Business

Please Note: This list does not include all services.

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Community-Based Adult Services (CBAS)	Medi-Cal	The Alliance authorizes CBAS services based on a referral from the member's PCP and an eligibility assessment completed by a CBAS service provider.		√		
	Group Care		√			
Chemotherapy	All LOB			√		
Children's Developmental Evaluations	Medi-Cal				√	
Chiropractic Services	Medi-Cal	Limited to two (2) services per month for treatment of the spine by manual manipulation.			√	
		More than two (2) services per month for treatment of the spine by manual manipulation.		√		
	Group Care	First 20 visits per benefit year (self-referral).			√	
		After 20 visits per benefit year.	√			
Circumcision	Medi-Cal	Newborns.	√			
		Surgery: Male genital system.		√		
Clinical Trials	All LOB	Limited to cancer.		√		
Cosmetic Services	All LOB	Enhancing, altering, or reshaping appearance through surgical and medical techniques.	√			
Custodial Care	Medi-Cal	The Alliance covers the month of admission, and the following month, members will then be disenrolled back to Medi-Cal fee-for-service (FFS).		√		
	Group Care		√			
Dental Care	Medi-Cal	IV sedation and general anesthesia.		√		
		General dental – Carved out to Denti-Cal.	√			Denti-Cal Toll-Free: <b>1.800.423.0507</b>
	Group Care	Not covered by the Alliance, please contact the Public Authority.	√			Public Authority Toll-Free: <b>1.510.577.3552</b>
Diagnostic and Laboratory Services	All LOB	<ul style="list-style-type: none"> <li>Alameda Health System (AHS) assigned members – Rendered through AHS.</li> <li>Members assigned to James A. Watson Wellness Center and Roots Clinic – Rendered through Foundation Laboratory.</li> <li>All other members – Rendered through Quest Diagnostics.</li> </ul>			√	

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TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Dialysis	All LOB	Covered for home peritoneal dialysis or outpatient hemodialysis. <b>Please Note:</b> Medicare covers dialysis for our dual members		√		
Durable Medical Equipment (DME)/Medical Supplies (Includes incontinence creams and washes)	Medi-Cal	Cream and wash products are covered where there is a chronic pathological condition that causes incontinence for members under 21 years of age.		√		California Home Medical Equipment (CHME) <b>aaorders@chme.org</b> Toll-Free Fax Number: <b>1.844.583.4049</b>
Durable Medical Equipment (DME)/Repair	All LOB			√		
Durable Medical Equipment (DME)/Incontinence	Medi-Cal	Covered for chronic pathologic conditions that cause incontinence.		√		
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services	Medi-Cal	Case Management (CM) for out-of-network (OON), coordination of care between practitioners, transferring medical information as necessary, and complex care plans. Targeted CM (through RCEB); Behavioral Health members less than 21 years of age; Home Health nursing services.		√		
	Group Care		√			
Electroencephalography (EEG)	All LOB			√		
Emergency Care/Treatment	All LOB				√	
Enteral and Nutrition Formulas	All LOB			√		California Home Medical Equipment (CHME) Email: <b>aaorders@chme.org</b> Toll-Free Fax Number: <b>1.844.583.4049</b>
Experimental/Investigational Treatments	All LOB		√			
Genetic Testing	All LOB			√		
Hearing Aids	All LOB	Hearing aids if tested for hearing loss and with a prescription.			√	
		Hearing aid rentals, replacements, and batteries for first hearing aids.		√		
HIV Testing and Counseling Services	All LOB				√	
Home Health	All LOB			√		

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Hospice	All LOB	Place of service: At home.			√	
		Place of service: Inpatient or skilled nursing facility (SNF).		√		
Imaging/Radiology (Specialty: Nuclear medicine, radiation therapy, MRI, CT, etc.)	All LOB			√		To see specific list, please refer to <b>Radiology Codes that Require Authorization</b> or visit <b>www.alamedaalliance.org</b> .
In-Office Injectable	All LOB			√		To see specific list, please refer to <b>Outpatient Injectable Drug Codes that Require Prior Authorization</b> or visit <b>www.alamedaalliance.org</b> .
Infertility Treatment	All LOB		√			
Infusion (Freestanding infusion centers)	All LOB			√		
Maternity Admission (Coverage for infants)	Medi-Cal	Newborns are automatically covered under the mother the month of delivery and the following month.		√		
	Group Care	Covered for the first 30 days of life under the mother.		√		
Mental Health Services	Medi-Cal	Severe – Carved out to Alameda County.	NA	NA	NA	ACCESS Toll-Free: <b>1.800.491.9099</b>
		Mild to moderate.			√	Beacon Health Strategies Toll-Free: <b>1.855.856.0577</b>
		Behavioral health treatment.		√		
	Group Care	Covered in association with autism or pervasive developmental disorder (PPD) or an emergency via emergency department (ED).		√		
Nutrition and Dietician Assessment/ Counseling (Both general and diabetic)	All LOB				√	
OB/GYN services	All LOB				√	
Orthodontics, Orthognathic, and Appliance Therapy for TMJ	All LOB		√			
Orthotics and Prosthetics	All LOB			√		
Out-of-Network (OON) Services	All LOB	All OON services with the exception of an emergency, family planning, and sensitive services.		√		
Outpatient Surgery and Specialty Procedures	All LOB	Required for both facility and professional services.		√		

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Palliative Care	Medi-Cal			√		
	Group Care		√			
Phenylketonuria (PKU)	Medi-Cal	The testing and treatment of PKU are covered, including formulas and special food products that are a part of a diet prescribed by a physician or registered dietitian in consultation with a physician who specializes in the treatment of metabolic diseases.		√		
Podiatry	Medi-Cal	Covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot, and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.		√		
		First two (2) podiatry visits.			√	
		All additional visits.		√		
	Group Care	Clinic settings and conditions based on medical necessity.		√		
Preventive Care	All LOB				√	
Preventive Health Screenings for: 1. DEXA Scan (osteoporosis) 2. Mammogram (breast cancer) 3. Colonoscopy (colon cancer) 4. Diabetes Screening (diabetes) 5. Immunizations (children/adult) 6. Fecal screen for colon CA	All LOB	Use the most recent Quality Improvement (QI) Preventive Health Guidelines as criteria.			√	
Reconstructive Surgery	All LOB	Reconstructive surgical services are performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) To improve function; (B) To create a normal appearance, to the extent possible.		√		
Rehabilitation	All LOB	Outpatient Therapy (ST, OT, PT) not to exceed 60 consecutive calendar days per condition; additional services based on medical		√		

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		necessity. The 60-day limit does not apply to Tx plans for autism or PDD. Tx plans will be reviewed every six (6) months.				
	Group Care	Cardiac, pulmonary, and acute rehab.		√		
		Vocational.	√			
Second Opinions – Out-of-Network (OON) Request	All LOB	OON requests.		√		
		In-network requests.			√	
Sensitive Services	Medi-Cal	OON and in-network.			√	
	Group Care				√	
Sleep Studies	All LOB			√		
Specialist Referrals	All LOB	In-Network.			√	
		OON.		√		
Standard Diagnostic Procedures (I.e. colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc.)	All LOB				√	
Substance Abuse	Medi-Cal			√		Beacon Health Strategies Toll-Free: <b>1.855.856.0577</b>
	Group Care	Carved out to Alameda County.		√		ACCESS Toll-Free: <b>1.800.491.9099</b>
Tertiary – Quintenary Professional Services	All LOB	Office visits and consultations for TQ level of service - examples of TQ hospitals include UC Davis, UCSF, and Stanford.		√		
Transgender Services	Medi-Cal	Covers behavioral health services, hormone therapy, psychotherapy, and surgical procedures that bring primary and secondary gender characteristics into conformity with the individual's identified gender.		√		
	Group Care		√			
Transplant Services	Medi-Cal	The Alliance is responsible for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program.		√		
	Group Care	All major organ and bone marrow transplants that are not experimental/investigational in nature.		√		

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TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Transportation	Medi-Cal	<ul style="list-style-type: none"> <li>• Non-emergency medical transportation (NEMT).</li> <li>• Non-medical transportation (NMT).</li> <li>• Emergency medical transportation (EMT).</li> </ul>			√	Movidcare (Alliance transportation vendor) Toll-Free: <b>1.866.791.4158</b>
	Group Care	Emergency medical transportation (EMT).			√	
UV Light	All LOB				√	
Vaccines – Preventive Health	All LOB				√	
Vaccines – Travel	All LOB		√			
Vision	Medi-Cal	<ul style="list-style-type: none"> <li>• Routine eye exam once every 24 months.</li> <li>• Eyeglasses (frames and lens) once every 24 months.</li> </ul>			√	March Vision Care Toll-Free: <b>1.844.336.2724</b>
		<ul style="list-style-type: none"> <li>• More than one (1) routine eye exam every 24 months as medically necessary.</li> <li>• Contact lens when required for medical conditions such as aphakia, aniridia, and keratoconus.</li> </ul>		√		
	Group Care	Eye exam once every 24 months.		√		Public Authority Toll-Free: <b>1.510.577.3552</b>

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