

Important Update: Hearing Aid and Enteral/Parenteral Codes That Require Authorization

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. Our provider partner satisfaction is a top priority. We are working to improve our Utilization Management and Claims processes to help ensure proper claim payment to our provider partners, and alignment of authorized services. To accomplish this goal, we are reviewing each benefit and we will be sending you updates, as the information is ready to share.

This communication provides an update on Hearing Aid and Enteral/Parenteral codes that require prior authorization (PA). These codes will require a PA starting Monday, December 13, 2021, and onward. Enclosed with this notice is a code specific list for Hearing Aid and Enteral/Parenteral codes that shows which codes require PA. The list may include codes that newly require authorization and/or previously required authorization.

This list can be found on our website at **www.alamedaalliance.org/providers/authorizations.** Please refer to our website for the most up-to-date information about codes or benefits that require authorization.

In addition to the codes, our claims system will also validate that claims received match the authorization when an authorization is required.

The following items will be validated:

- Member name
- Provider NPI
- CPT and HCPC coding
- Date(s) of service is within the authorized range
- Number of units and/or visits
- Place of service matches site of care submitted on the authorization request form

This update has been validated based on current and published billable coding for 2021 and was confirmed to be covered by the California Department of Health Care Services (DHCS).

If you have questions, please call the Alliance Provider Services Department at 1.510.747.4510.

Thank you for your continued partnership and for providing high-quality care to our members and the community.

Questions? Please call the Alliance Provider Department Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4501**

www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA) PROCEDURE CODES FOR HEARING AID AND ENTERAL/PARENTERAL

Before services are provided, please check:

Member Eligibility • Medical Group • Benefit Coverage • Contracted Provider • Medi-Cal Excluded Code Questions? Please call the Alliance Provider Services Department at **1.510.747.4510**

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Enteral Formula and Supplies	B4034	ENTERAL FEED SPL KIT; SYRINGE DAY	The Alliance or Delegate
	B4035	ENTERAL FEED SPL KIT; PUMP FED-DAY	The Alliance or Delegate
	B4036	ENTERAL FD SPL KIT; GRAVITY FED-DAY	The Alliance or Delegate
	B4081	NASOGASTRIC TUBING WITH STYLET	The Alliance or Delegate
	B4082	NASOGASTRIC TUBING WITHOUT STYLET	The Alliance or Delegate
	B4083	STOMACH TUBE - LEVINE TYPE	The Alliance or Delegate
	B4087	GASTROSTOMY/J-TUBE STANDARD EACH	The Alliance or Delegate
	B4088	GASTROSTOMY/J-TUBE LOW-PROFILE EA	The Alliance or Delegate
	B4105	IN-LINE CART CTG DIG ENZYME EF EACH	The Alliance or Delegate
	B4164	PARNTRAL NUT SOL; CARBS 50%/< HOM	The Alliance or Delegate
	B4168	PARNTRAL NUT SOL; AMINO ACID 3.5%	The Alliance or Delegate
	B4176	PARNTRAL NUT SOL; AMINO ACID 7-8.5%	The Alliance or Delegate
	B4178	PARNTRAL NUT SOL; AMINO ACID > 8.5%	The Alliance or Delegate
	B4180	PARNTRAL NUT SOL; CARBS > 50% HOM	The Alliance or Delegate
	B4185	PARENTERAL NUTR SOL NOS 10 G LIPIDS	The Alliance or Delegate
	B4216	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY	The Alliance or Delegate
	B9002	ENTERAL NUTR INFUSION PUMP ANY TYPE	The Alliance or Delegate
	B9998	NOC FOR ENTERAL SUPPLIES	The Alliance or Delegate
	B9999	NOC FOR PARENTERAL SUPPLIES	The Alliance or Delegate
	E0776	IV POLE	The Alliance or Delegate
	E0791	PAR INFUS PUMP STAT SINGLE/MXCHANEL	The Alliance or Delegate
Hearing Aids	V5010	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5011	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Hearing Aids (cont.)	V5014	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5030	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5040	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5050	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5060	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5120	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5130	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5140	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5150	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5171	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5172	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5181	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5190	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5211	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5212	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5213	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
Hearing Aids (cont.)	V5214	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	V5215	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5221	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5230	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5264	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5265	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5267	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	
	V5298	ALL REPAIRS REQUIRES MODIFIER RB/	The Alliance or Delegate
		ALL REPLACEMENTS REQUIRES MODIFIER RR	