



Important: *Updated List* Outpatient Rehab (PT, ST, OT, Cardiac, Pulmonary, and Aquatic) Codes That Require Authorization

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

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 Outpatient Rehab (PT, ST, OT, Cardiac, and Aquatic) codes that require prior authorization (PA).

This will affect claims with a date(s) of service starting Monday, September 26, 2022, and onward. Enclosed with this notice is an updated code-specific list for Outpatient Rehab (PT, ST, OT, Cardiac, and Aquatic) codes that show 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 the claims received match the authorization when 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 OUTPATIENT REHAB (AQUATIC, CARDIAC, OT, PT, PULMONARY, AND ST)

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**

Please Note: Effective Monday, September 26, 2022, the **bold** procedure codes highlighted in gray require PA.

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Aquatic Therapy	97113	AQUATIC THERAPY/EXERCISES	The Alliance or Delegate
Cardiac Therapy	G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	The Alliance or Delegate
	G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring without exercise, per session	The Alliance or Delegate
	93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitor (per session)	The Alliance or Delegate
	93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	The Alliance or Delegate
Physical Therapy	97012	MECHANICAL TRACTION THERAPY	The Alliance or Delegate
	97014	ELECTRIC STIMULATION THERAPY	The Alliance or Delegate
	97016	VASOPNEUMATIC DEVICE THERAPY	The Alliance or Delegate
	97018	PARAFFIN BATH THERAPY	The Alliance or Delegate
	97022	WHIRLPOOL THERAPY	The Alliance or Delegate
	97024	DIATHERMY EG MICROWAVE	The Alliance or Delegate
	97026	INFRARED THERAPY	The Alliance or Delegate
	97028	ULTRAVIOLET THERAPY	The Alliance or Delegate
	97032	ELECTRICAL STIMULATION	The Alliance or Delegate
	97033	ELECTRIC CURRENT THERAPY	The Alliance or Delegate
	97034	CONTRAST BATH THERAPY	The Alliance or Delegate
	97035	ULTRASOUND THERAPY	The Alliance or Delegate
	97036	HYDROTHERAPY	The Alliance or Delegate
	97039	PHYSICAL THERAPY TREATMENT	The Alliance or Delegate
	97110	THERAPEUTIC EXERCISES	The Alliance or Delegate
	97112	NEUROMUSCULAR REEDUCATION	The Alliance or Delegate
	97113	AQUATIC THERAPY/EXERCISES	The Alliance or Delegate
	97116	GAIT TRAINING THERAPY	The Alliance or Delegate

Please note: This list does not include all services.

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Physical Therapy (cont.)	97124	MASSAGE THERAPY	The Alliance or Delegate
	97129	THER IVNTJ 1ST 15 MIN	The Alliance or Delegate
	97130	THER IVNTJ EA ADDL 15 MIN	The Alliance or Delegate
	97139	PHYSICAL MEDICINE PROCEDURE	The Alliance or Delegate
	97140	MANUAL THERAPY 1/> REGIONS	The Alliance or Delegate
	97530	THERAPEUTIC ACTIVITIES	The Alliance or Delegate
	97533	PT RE-EVAL EST PLAN CARE	The Alliance or Delegate
	97750	PHYSICAL PERFORMANCE TEST	The Alliance or Delegate
	97799	PHYSICAL MEDICINE PROCEDURE	The Alliance or Delegate
	G0151	SRVC PT HOM HLTH/HOSPICE EA 15 MIN	The Alliance or Delegate
	X3900	SINGLE MOD 1 AREA INIT 30 MIN	The Alliance or Delegate
	X3902	SINGLE MOD 1 AREA EA.ADD 15 MIN	The Alliance or Delegate
	X3904	SINGLE PROC 1 AREA INITIAL 30 MIN	The Alliance or Delegate
	X3906	SINGLE PROC 1 AREA EA. ADD 15 MIN	The Alliance or Delegate
	X3908	TREAT INCLUD COMB ANY MODS & PROCS	The Alliance or Delegate
	X3910	TREAT INCLUD COMB ANY MODS & PROCS	The Alliance or Delegate
	X3912	HUBBARD TANK INITIAL 30 MINUTES	The Alliance or Delegate
	X3914	HUBBARD TANK EACH ADDITIONAL 15 MIN	The Alliance or Delegate
	X3916	HUBBARD TNK OR POOL TX W/EXER 30 MI	The Alliance or Delegate
	X3918	HUBBARD TNK OR POOL TX W/EXER 15 MI	The Alliance or Delegate
	X3920	ANY TSTS & MEASURES INIT 30 MIN REP	The Alliance or Delegate
	X3922	ANY TSTS & MEASURES ADD 15 MIN REP	The Alliance or Delegate
	X3924	PHYSL TX PRELIM EVAL REHAB,SNF, ICF	The Alliance or Delegate
	X3936	UNLISTED SERVICES	The Alliance or Delegate
Pulmonary Therapy	94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	The Alliance or Delegate
Occupational Therapy	G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	The Alliance or Delegate
	X4100	EVAL INIT 30 MIN PLUS RPT	The Alliance or Delegate
	X4102	EVAL EA. ADD 15 MIN PLUS RPT	The Alliance or Delegate
	X4104	CASE CONF AND RPT INIT 30 MIN	The Alliance or Delegate
	X4106	CASE CONF AND RPT EA.ADDIT 15 MIN	The Alliance or Delegate
	X4108	OT TX PRELIM EVAL REHAB,NF-B, NF-A	The Alliance or Delegate
	X4110	TREATMENT INITIAL 30 MINUTES	The Alliance or Delegate
	X4112	TREATMENT EACH ADDITIONAL 15 MINUTE	The Alliance or Delegate
	X4114	HOME OR LTC FACILITY VISIT	The Alliance or Delegate

Please note: This list does not include all services.

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
	X4116	MILEAGE / MILE 1-WAY >10 MI RADIUS	The Alliance or Delegate
	X4118	UNLISTED SERVICE	The Alliance or Delegate
	X4120	CASE CONSULTATION AND REPORT	The Alliance or Delegate
Speech Therapy	92507	SPEECH/HEARING THERAPY	The Alliance or Delegate
	92508	SPEECH/HEARING THERAPY	The Alliance or Delegate
	92521	EVALUATION OF SPEECH FLUENCY	The Alliance or Delegate
	92522	EVALUATE SPEECH PRODUCTION	The Alliance or Delegate
	92526	ORAL FUNCTION THERAPY	The Alliance or Delegate