

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

Effective 1/1/2022

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"> • Inpatient • Long-term Acute Care (LTAC) • Skilled Nursing Facility (SNF) • Subacute 	All LOB	Contracted facilities must notify the Alliance within 24 hours 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 24 hours of a change in the level of care or discharge from facility.				Admission notifications should be faxed to the Alliance UM Department's toll-free fax number 1.855.313.6306 . Clinical information can be faxed to 1.855.891.7409 .
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 Strategies 1.855.856.0577
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			√		

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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 month of admission and following month, member 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 1.800.423.0507	
	Group Care	Not covered by the Alliance, please contact the Public Authority.	√			Public Authority 1.510.577.3552	
Diagnostic and Laboratory Services	All LOB	Alameda Health System assigned members – rendered through AHS. Members assigned to James A. Watson Wellness Center and Roots Clinic - rendered through Foundation Laboratory. All other members – rendered through Quest Diagnostics.			√		

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Dialysis	All LOB	Covered for home peritoneal dialysis or outpatient hemodialysis. Please Note: Medicare covers dialysis for our dual members		√		
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) aaorders@chme.org 1.844.583.4049
DME / Repair	All LOB			√		
DME / Incontinence	Medi-Cal	Covered for chronic pathologic conditions that cause incontinence.		√		
Electroencephalography (EEG)	All LOB			√		
Emergency Care / Treatment	All LOB				√	
Enteral and Nutrition Formulas	All LOB			√		California Home Medical Equipment (CHME) aaorders@chme.org 1.844.583.4049
EPSDT supplemental services	Medi-Cal	CM for Out-of-Network (OON), coordination of care between practitioners, transferring medical information as necessary, complex care plans. Targeted CM (through RCEB); Behavioral Health members < 21 years of age; Home Health Nursing services.		√		
	Group Care		√			
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			√		
Hospice	All LOB	Place of Service: At home.			√	
		Place of Service: Inpatient or skilled nursing facility (SNF).		√		

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Imaging (Specialty: nuclear medicine, radiation therapy, MRI, CT etc.)	All LOB			√		
In-Office Injectable	All LOB			√		To see specific list, please refer to Outpatient Injectable Drug Codes that Require Prior Authorization .
Infertility Treatment	All LOB		√			
Infusion (Free Standing Infusion Centers)	All LOB			√		
Maternity Admission (Coverage for infants)	Medi-Cal	Newborn is 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 1.800.491.9099
		Mild to moderate.			√	Beacon Health Strategies 1.855.856.0577
		Behavioral health treatment.		√		
	Group Care	Covered in association of 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 Out-of-Network services with the exception of emergency, family planning and sensitive services.		√		
Outpatient Surgery and Specialty Procedures	All LOB	Required for both facility and professional services.		√		
Palliative Care	Medi-Cal			√		
	Group Care		√			

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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 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 QI Preventive Health Guidelines as criteria.			√	
Radiology (Musculoskeletal x-rays, chest x-rays, mammogram, echo, EKG, PFT, DEXA, ultrasound, etc.)	All LOB			√		To see specific list, please refer to Radiology Codes that Require Authorization.
Reconstructive Surgery	All LOB	Reconstructive surgical services performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or		√		

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		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 necessity. Sixty 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 – 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 1.855.856.0577
	Group Care	Carved out to Alameda County.		√		ACCESS 1.800.491.9099
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/Bone Marrow transplants must use 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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Transportation	Medi-Cal	Non-Emergency Medical Transportation (NEMT). Non-Medical Transportation (NMT). Emergency Medical Transportation.			√	Logisticare (Alameda Alliance Transportation) 1.866.791.4158
	Group Care	Emergency Medical Transportation.			√	
UV Light	All LOB				√	
Vaccines – Preventive Health	All LOB				√	
Vaccines – Travel	All LOB		√			
Vision	Medi-Cal	Routine eye exam once every 24 months. Eyeglasses (frames and lens) once every 24 months.			√	March Vision Care 1.844.336.2724
		More than one (1) routine eye exam every 24 months as medically necessary. Contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.			√	
	Group Care	Eye exam once every 24 months.			√	Public Authority 1.510.577.3552

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