



Important Update: Prosthetic 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 prosthetic codes that require prior authorization (PA).

This will affect claims with the date(s) of service starting Friday, February 10, 2023, and onward. Enclosed with this notice is a code-specific list of prosthetic codes that shows which codes require PA. The 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 are within the authorized range
- Number of units and/or visits
- Place of service matches the site of care submitted on the authorization request form

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

If you have any 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 Pharmacy Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4541**
www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA)

PROCEDURE CODES FOR PROSTHETICS

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
Prosthetics	19328	RMVL INTACT BREAST IMPLANT	Alameda Alliance for Health or Delegate
	19330	RMVL RUPTURED BREAST IMPLANT	Alameda Alliance for Health or Delegate
	19340	INSJ BREAST IMPLT SM D MAST	Alameda Alliance for Health or Delegate
	19342	INSJ/RPLCMT BRST IMPLT SEP D	Alameda Alliance for Health or Delegate
	19396	DESIGN CUSTOM BREAST IMPLANT	Alameda Alliance for Health or Delegate
	21243	RECONSTRUCTION OF JAW JOINT	Alameda Alliance for Health or Delegate
	27438	REVISE KNEECAP WITH IMPLANT	Alameda Alliance for Health or Delegate
	27445	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	30220	INSERT NASAL SEPTAL BUTTON	Alameda Alliance for Health or Delegate
	54408	REPAIR MULTI-COMP PENIS PROS	Alameda Alliance for Health or Delegate
	54699	LAPAROSCOPE PROC TESTIS	Alameda Alliance for Health or Delegate
	55899	GENITAL SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	65770	REVISE CORNEA WITH IMPLANT	Alameda Alliance for Health or Delegate
	66982	XCAPSL CTRC RMVL CPLX WO ECP	Alameda Alliance for Health or Delegate
	66983	CATARACT SURG W/IOL 1 STAGE	Alameda Alliance for Health or Delegate
	66984	XCAPSL CTRC RMVL W/O ECP	Alameda Alliance for Health or Delegate
	66985	INSERT LENS PROSTHESIS	Alameda Alliance for Health or Delegate
	66987	XCAPSL CTRC RMVL CPLX W/ECP	Alameda Alliance for Health or Delegate
	66988	XCAPSL CTRC RMVL W/ECP	Alameda Alliance for Health or Delegate
	C1839	IRIS PROSTHESIS	Alameda Alliance for Health or Delegate
	L2006	KAF DVC ANY MATERIAL ADJ CUSTOM FAB	Alameda Alliance for Health or Delegate
	L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY	Alameda Alliance for Health or Delegate
	L5785	ADD EXOSKEL BELW KNEE ULTRA-LT MATL	Alameda Alliance for Health or Delegate
	L6611	ADD UP EXT PROS EXT PWR ADD SWITCH	Alameda Alliance for Health or Delegate
	L6624	UP EXT ADD FLX/EXT ROT WRIST UNIT	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Prosthetics (cont.)	L6694	ADD UP EXT PROS CSTM W/LOCK MECH	Alameda Alliance for Health or Delegate
	L6695	ADD UP EXT PROS CSTM W/O LOCK MECH	Alameda Alliance for Health or Delegate
	L6696	ADD UP EXT PROS CNGN/TRAUMAT AMP	Alameda Alliance for Health or Delegate
	L6697	ADD UP EXT PROS NOT CNGN/TRAUM AMP	Alameda Alliance for Health or Delegate
	L6698	ADD UP EXT PROS LOCK MECH EXC INSRT	Alameda Alliance for Health or Delegate
	L6882	MICRPROCSS CNTRL ADD UP LIMB PROSTH	Alameda Alliance for Health or Delegate
	L8000	BREAST PROS MAST BRA NO INTEG FORM	Alameda Alliance for Health or Delegate
	L8001	BREAST PROS MAST BRA INTEG FORM UNI	Alameda Alliance for Health or Delegate
	L8002	BREAST PROS MAST BRA INTEG FORM BIL	Alameda Alliance for Health or Delegate
	L8500	ARTIFICIAL LARYNX ANY TYPE	Alameda Alliance for Health or Delegate
	L8505	ARTFICL LARYNX REPLCMT BATTERY/ACSS	Alameda Alliance for Health or Delegate
	L8507	TRACHEO-ESOPH VOICE PROSTH PT INSRT	Alameda Alliance for Health or Delegate
	L8614	COCHLEAR DEVC INCL INT&EXT COMPNENT	Alameda Alliance for Health or Delegate
	L8615	HEADSET/HEADPIECE COCHLR IMPL REPL	Alameda Alliance for Health or Delegate
	L8616	MICROPHONE COCHLEAR IMPL DEVC REPL	Alameda Alliance for Health or Delegate
	L8617	TRNSMTTING COIL COCHLEAR IMPL REPL	Alameda Alliance for Health or Delegate
	L8618	TX CBL U CI/AUD OSSEOINTG DVC REPL	Alameda Alliance for Health or Delegate
	L8619	COCHLR IMPL SPCH PRCSSR/CNTRLR REPL	Alameda Alliance for Health or Delegate
	L8621	ZUBC AIR BA CI & AUD SD PRC RPL E	Alameda Alliance for Health or Delegate
	L8622	ALKALIN BATT COCHLR IMPL ANY SZ RPL	Alameda Alliance for Health or Delegate
	L8623	LITH ION BATT NOT EAR LEVEL REPL EA	Alameda Alliance for Health or Delegate
	L8624	LIB CI/AO DVC SP EAR LEVEL REPL EA	Alameda Alliance for Health or Delegate
	L8625	EXT RECHRG BATT CI/AO DEVC REPL EA	Alameda Alliance for Health or Delegate
	L8627	COCHLEAR IMPL EXT PROCSSR CMPNT RPL	Alameda Alliance for Health or Delegate
	L8628	COCHLR IMPL EXT CONTRLLR CMPNT REPL	Alameda Alliance for Health or Delegate
	L8629	TRANSMIT COIL CABLE COCHLR DEV RPL	Alameda Alliance for Health or Delegate
	L8680	IMPL NEUROSTIMULATOR ELECTRODE EA	Alameda Alliance for Health or Delegate
	L8681	PT PROG IMPL NEUROSTM PLSE GEN REPL	Alameda Alliance for Health or Delegate
	L8682	IMPL NEUROSTIMULATOR RADIOFREQ RECV	Alameda Alliance for Health or Delegate
	L8683	RF TRNSMT W/IMPL NEUROSTIM RF RECV	Alameda Alliance for Health or Delegate
	L8685	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE	Alameda Alliance for Health or Delegate
	L8686	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Prosthetics (cont.)	L8687	IMPL NEUROSIM 2 ARRAY RECHARGEABLE	Alameda Alliance for Health or Delegate
	L8688	IMPL NEUROSIM 2 ARRAY NON-RECHARGE	Alameda Alliance for Health or Delegate
	L8689	EXT RECHARG SYS IMPL NEUROSIM REPL	Alameda Alliance for Health or Delegate
	L8695	EXT RECHARG SYS IMPL NEUROSIM REPL	Alameda Alliance for Health or Delegate
	L8696	ANT FOR IMPL DIA/PN ST DEV REPL EA	Alameda Alliance for Health or Delegate
	L8699	PROSTHETIC IMPLANT NOS	Alameda Alliance for Health or Delegate
	V2623	PROSTHETIC EYE PLASTIC CUSTOM	Alameda Alliance for Health or Delegate
	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	Alameda Alliance for Health or Delegate
	V2626	REDUCTION OF OCULAR PROSTHESIS	Alameda Alliance for Health or Delegate
	V2627	SCLERAL COVER SHELL	Alameda Alliance for Health or Delegate
	V2628	FABRICATION&FIT OCULAR CONFORMER	Alameda Alliance for Health or Delegate
	V2629	PROSTHETIC EYE OTHER TYPE	Alameda Alliance for Health or Delegate