



## Important Update: Acupuncture, Allergy, Blood Plasma, Electroencephalogram (EEG), and Sleep Study Codes that Require Authorization

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At Alameda Alliance for Health (Alliance), we appreciate our dedicated provider partner community and strive to deliver the highest levels of service and satisfaction.

We have an important update we want to share with you **about Acupuncture, Allergy, Blood Plasma, Electroencephalogram (EEG), and Sleep Study codes that require prior authorization.**

**This update affects claims with a service date starting Monday, February 3, 2025, and onward for the code-specific list of Acupuncture, Allergy, Blood Plasma, EEG, and Sleep Study service procedures included with this notice.** This list is also available on the Alliance website at [www.alamedaalliance.org/providers/authorizations](http://www.alamedaalliance.org/providers/authorizations). Please refer to our website for the most up-to-date information about codes or benefits that require authorization.

**Please Note:** For service procedure codes that do not require prior authorization but are associated with a prior authorization required service, there must be an approved authorization on file for the primary service requiring authorization for the associated code(s) to be paid. Associated codes not on the prior authorization list will not be paid separately if the primary service code was denied or does not have prior authorization.

In addition to the codes, our claims system will validate that the claim received matches 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
- The Place of service matches the site of care submitted on the authorization request form
- National Drug Codes (NDCs) approved by the FDA are required on claims submissions (Claims missing and/or without a matching NDC on a claim will be denied)

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

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

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**Questions?** Please call the Alliance Pharmacy Department  
Monday – Friday, 7:30 am – 5 pm  
Phone Number: **1.510.747.4541**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)

## ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA) PROCEDURE CODES FOR ACUPUNCTURE, ALLERGY, BLOOD PLASMA, ELECTROENCEPHALOGRAM (EEG), AND SLEEP STUDY

**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
<b>Acupuncture</b>	97810	ACUPUNCT W/O STIMUL 15 MIN	Alameda Alliance for Health or Delegate
	97811	ACUPUNCT W/O STIMUL ADDL 15M	Alameda Alliance for Health or Delegate
	97813	ACUPUNCT W/STIMUL 15 MIN	Alameda Alliance for Health or Delegate
	97814	ACUPUNCT W/STIMUL ADDL 15M	Alameda Alliance for Health or Delegate
<b>Allergy Services</b>	86003	ALLG SPEC IGE CRUDE XTRC EA	Alameda Alliance for Health or Delegate
	86008	ALLG SPEC IGE RECOMB EA	Alameda Alliance for Health or Delegate
<b>Blood Products</b> (infusion of blood (A, B, O), plasma, platelets, cryoinfusion) <b>For blood derivatives - please see the infusion PA code list</b>	P9010	BLOOD FOR TRANSFUSION PER UNIT	Alameda Alliance for Health or Delegate
	P9011	BLOOD SPLIT UNIT	Alameda Alliance for Health or Delegate
	P9012	CRYOPRECIPITATE EACH UNIT	Alameda Alliance for Health or Delegate
	P9016	RBCS LEUKOCYTES REDUCED EACH UNIT	Alameda Alliance for Health or Delegate
	P9017	FFP FRZN WITHIN 8 HRS CLCT EA UNIT	Alameda Alliance for Health or Delegate
	P9019	PLATELETS EACH UNIT	Alameda Alliance for Health or Delegate
	P9020	PLATELET RICH PLASMA EACH UNIT	Alameda Alliance for Health or Delegate
	P9021	RED BLOOD CELLS EACH UNIT	Alameda Alliance for Health or Delegate
	P9022	RED BLOOD CELLS WASHED EACH UNIT	Alameda Alliance for Health or Delegate
	P9023	PLASMA POOL MX DONOR FROZEN EA UNIT	Alameda Alliance for Health or Delegate
	P9031	PLATLTS LEUKOCYTES REDUCED EA UNIT	Alameda Alliance for Health or Delegate
	P9032	PLATELETS IRRADIATED EACH UNIT	Alameda Alliance for Health or Delegate
	P9033	PLATLTS LEUKOCYTES RDUC IRRADATD EA	Alameda Alliance for Health or Delegate
	P9034	PLATELETS PHERESIS EACH UNIT	Alameda Alliance for Health or Delegate

**Please note:** This list does not include all services.

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Blood Products (infusion of blood (A, B, O), plasma, platelets, cryoinfusion) (cont.)	P9035	PLATLTS PHERES LEUKOCYTES RDUC EA U	Alameda Alliance for Health or Delegate
	P9036	PLATELETS PHERESIS IRRADATD EA UNIT	Alameda Alliance for Health or Delegate
	P9037	PLATLT PHERES LEUKOCYT RDUC IRRADTD	Alameda Alliance for Health or Delegate
	P9038	RBCS IRRADIATED EACH UNIT	Alameda Alliance for Health or Delegate
	P9039	RBCS DEGLYCEROLIZED EACH UNIT	Alameda Alliance for Health or Delegate
	P9040	RBCS LEUKOCYTES RDUC IRRADATD EA U	Alameda Alliance for Health or Delegate
	P9041	INFUSION ALBUMIN HUMAN 5% 50 ML	Alameda Alliance for Health or Delegate
	P9043	INFUS PLSMA PROT FRAC HUMN 5% 50 ML	Alameda Alliance for Health or Delegate
	P9044	PLSMA CRYOPRECIPITATE RDUC EA UNIT	Alameda Alliance for Health or Delegate
	P9045	INFUSION ALBUMIN HUMAN 5% 250 ML	Alameda Alliance for Health or Delegate
	P9046	INFUSION ALBUMIN HUMAN 25% 20 ML	Alameda Alliance for Health or Delegate
	P9047	INFUSION ALBUMIN HUMAN 25% 50 ML	Alameda Alliance for Health or Delegate
	P9048	INFUS PLSMA PROT FRAC HU 5% 250 ML	Alameda Alliance for Health or Delegate
	P9050	GRANULOCYTES PHERESIS EACH UNIT	Alameda Alliance for Health or Delegate
	P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	Alameda Alliance for Health or Delegate
	P9052	PLT HLA-MATCHD LEUKOCYTES RDUC EACH	Alameda Alliance for Health or Delegate
	P9053	PLT PHERES LEUKOCYT RDUC CMV-NEG EA	Alameda Alliance for Health or Delegate
	P9054	WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	Alameda Alliance for Health or Delegate
	P9055	PLT LEUKOCYT RDUC CMV-NEG APH/PHERS	Alameda Alliance for Health or Delegate
	P9056	WHOLE BLD LEUKOCYTES RDUC IRRADATD	Alameda Alliance for Health or Delegate
	P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	Alameda Alliance for Health or Delegate
	P9058	RBCS LEUKOCYTES RDUC CMV-NEG IRRADA	Alameda Alliance for Health or Delegate
	P9059	FRESH FRZN PLAS BETWN 8-24 HR CLCT	Alameda Alliance for Health or Delegate
	P9060	FRESH FRZN PLSMA DONR RETESTED EA U	Alameda Alliance for Health or Delegate
	P9073	PLATELETS PHERESIS PATHOGEN-REDUCED	Alameda Alliance for Health or Delegate
	P9100	PATHOGEN TEST FOR PLATELETS	Alameda Alliance for Health or Delegate
	36440	BL PUSH TRANSFUSE 2 YR/<	Alameda Alliance for Health or Delegate

**Please note:** This list does not include all services.

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
<b>Blood Products</b> (infusion of blood (A, B, O), plasma, platelets, cryoinfusion) (cont.)	36450	BL EXCHANGE/TRANSFUSE NB	Alameda Alliance for Health or Delegate
	36455	BL EXCHANGE/TRANSFUSE NON-NB	Alameda Alliance for Health or Delegate
	36456	PRTL EXCHANGE TRANSFUSE NB	Alameda Alliance for Health or Delegate
	36460	TRANSFUSION SERVICE FETAL	Alameda Alliance for Health or Delegate
	86850	RBC ANTIBODY SCREEN	Alameda Alliance for Health or Delegate
	86860	RBC ANTIBODY ELUTION	Alameda Alliance for Health or Delegate
	86870	RBC ANTIBODY IDENTIFICATION	Alameda Alliance for Health or Delegate
	86927	PLASMA FRESH FROZEN	Alameda Alliance for Health or Delegate
	86945	BLOOD PRODUCT/IRRADIATION	Alameda Alliance for Health or Delegate
	86999	TRANSFUSION PROCEDURE	Alameda Alliance for Health or Delegate
<b>Electroencephalogram (EEG)</b>	95711	VEEG 2-12 HR UNMONITORED	Alameda Alliance for Health or Delegate
	95712	VEEG 2-12 HR INTMT MNTR	Alameda Alliance for Health or Delegate
	95713	VEEG 2-12 HR CONT MNTR	Alameda Alliance for Health or Delegate
	95714	VEEG EA 12-26 HR UNMNTR	Alameda Alliance for Health or Delegate
	95715	VEEG EA 12-26HR INTMT MNTR	Alameda Alliance for Health or Delegate
	95716	VEEG EA 12-26HR CONT MNTR	Alameda Alliance for Health or Delegate
<b>Sleep Study</b>	95782	POS AIRWAY PRESSURE CPAP	Alameda Alliance for Health or Delegate
	95783	POLYSOM <6 YRS 4/> PARAMTRS	Alameda Alliance for Health or Delegate
	95805	POLYSOM <6 YRS CPAP/BILVL	Alameda Alliance for Health or Delegate
	95807	MULTIPLE SLEEP LATENCY TEST	Alameda Alliance for Health or Delegate
	95808	SLEEP STUDY ATTENDED	Alameda Alliance for Health or Delegate
	95810	POLYSOM ANY AGE 1-3> PARAM	Alameda Alliance for Health or Delegate
	95811	POLYSOM 6/> YRS 4/> PARAM	Alameda Alliance for Health or Delegate
	95822	POLYSOM 6/>YRS CPAP 4/> PARM	Alameda Alliance for Health or Delegate
	94660	EEG COMA OR SLEEP ONLY	Alameda Alliance for Health or Delegate

**Please note:** This list does not include all services.