



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

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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 (UM) 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 Acupuncture, Allergy, Blood Plasma, Sleep Study and Electroencephalogram (EEG) codes that require prior authorization (PA).**

**This will affect claims with date(s) of service starting, Monday, August 2, 2021, and onward.** Enclosed with this notice is a code-specific list for **Acupuncture, Allergy, Blood Plasma, Sleep Study and EEG** codes that shows which codes require PA. The code list as well as the most current information about codes or benefits that require PA can be found on our website at [www.alamedaalliance.org/providers/authorizations](http://www.alamedaalliance.org/providers/authorizations).

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.

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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, SLEEP STUDY, and ELECTROENCEPHALOGRAM (EEG)

**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	The Alliance or Delegate
	97811	ACUPUNCT W/O STIMUL ADDL 15M	The Alliance or Delegate
	97813	ACUPUNCT W/STIMUL 15 MIN	The Alliance or Delegate
	97814	ACUPUNCT W/STIMUL ADDL 15M	The Alliance or Delegate
<b>Allergy Services</b>	86003	ALLG SPEC IGE CRUDE XTRC EA	The Alliance or Delegate
	86008	ALLG SPEC IGE RECOMB EA	The Alliance or Delegate
	95115	IMMUNOTHERAPY ONE INJECTION	The Alliance or Delegate
	95117	IMMUNOTHERAPY INJECTIONS	The Alliance or Delegate
<b>Blood Products</b> (infusion of blood (A, B, O), plasma, platelets, cryoinfusion) <i>For blood derivatives - see the infusion PA coding list</i>	P9010	BLOOD FOR TRANSFUSION PER UNIT	The Alliance or Delegate
	P9011	BLOOD SPLIT UNIT	The Alliance or Delegate
	P9012	CRYOPRECIPITATE EACH UNIT	The Alliance or Delegate
	P9016	RBCS LEUKOCYTES REDUCED EACH UNIT	The Alliance or Delegate
	P9017	FFP FRZN WITHIN 8 HRS CLCT EA UNIT	The Alliance or Delegate
	P9019	PLATELETS EACH UNIT	The Alliance or Delegate
	P9020	PLATELET RICH PLASMA EACH UNIT	The Alliance or Delegate
	P9021	RED BLOOD CELLS EACH UNIT	The Alliance or Delegate
	P9022	RED BLOOD CELLS WASHED EACH UNIT	The Alliance or Delegate
	P9023	PLASMA POOL MX DONOR FROZEN EA UNIT	The Alliance or Delegate
	P9031	PLATLTS LEUKOCYTES REDUCED EA UNIT	The Alliance or Delegate
	P9032	PLATELETS IRRADIATED EACH UNIT	The Alliance or Delegate
	P9033	PLATLTS LEUKOCYTES RDUC IRRADATD EA	The Alliance or Delegate
	P9034	PLATELETS PHERESIS EACH UNIT	The Alliance or Delegate
	P9035	PLATLTS PHERES LEUKOCYTES RDUC EA U	The Alliance or Delegate
P9036	PLATELETS PHERESIS IRRADATD EA UNIT	The Alliance or Delegate	
P9037	PLATLT PHERES LEUKOCYCT RDUC IRRADTD	The Alliance or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Blood Products (infusion of blood (A, B, O), plasma, platelets, cryoinfusion) (cont.)	P9038	RBCS IRRADIATED EACH UNIT	The Alliance or Delegate
	P9039	RBCS DEGLYCEROLIZED EACH UNIT	The Alliance or Delegate
	P9040	RBCS LEUKOCYTES RDUC IRRADATD EA U	The Alliance or Delegate
	P9041	INFUSION ALBUMIN HUMAN 5% 50 ML	The Alliance or Delegate
	P9043	INFUS PLSMA PROT FRAC HUMN 5% 50 ML	The Alliance or Delegate
	P9044	PLSMA CRYOPRECIPITATE RDUC EA UNIT	The Alliance or Delegate
	P9045	INFUSION ALBUMIN HUMAN 5% 250 ML	The Alliance or Delegate
	P9046	INFUSION ALBUMIN HUMAN 25% 20 ML	The Alliance or Delegate
	P9047	INFUSION ALBUMIN HUMAN 25% 50 ML	The Alliance or Delegate
	P9048	INFUS PLSMA PROT FRAC HU 5% 250 ML	The Alliance or Delegate
	P9050	GRANULOCYTES PHERESIS EACH UNIT	The Alliance or Delegate
	P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-	The Alliance or Delegate
	P9052	PLT HLA-MATCHD LEUKOCYTES RDUC EACH	The Alliance or Delegate
	P9053	PLT PHERES LEUKOCYR RDUC CMV-NEG EA	The Alliance or Delegate
	P9054	WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN	The Alliance or Delegate
	P9055	PLT LEUKOCYR RDUC CMV-NEG APH/PHERS	The Alliance or Delegate
	P9056	WHOLE BLD LEUKOCYTES RDUC IRRADATD	The Alliance or Delegate
	P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEU	The Alliance or Delegate
	P9058	RBCS LEUKOCYTES RDUC CMV-NEG IRRADA	The Alliance or Delegate
	P9059	FRESH FRZN PLAS BETWN 8-24 HR CLCT	The Alliance or Delegate
	P9060	FRESH FRZN PLSMA DONR RETESTED EA U	The Alliance or Delegate
	P9073	PLATELETS PHERESIS PATHOGEN-REDUCED	The Alliance or Delegate
	P9100	PATHOGEN TEST FOR PLATELETS	The Alliance or Delegate
	36440	BL PUSH TRANSFUSE 2 YR/<	The Alliance or Delegate
	36450	BL EXCHANGE/TRANSFUSE NB	The Alliance or Delegate
	36455	BL EXCHANGE/TRANSFUSE NON-NB	The Alliance or Delegate
	36456	PRTL EXCHANGE TRANSFUSE NB	The Alliance or Delegate
	36460	TRANSFUSION SERVICE FETAL	The Alliance or Delegate
	86850	RBC ANTIBODY SCREEN	The Alliance or Delegate
	86860	RBC ANTIBODY ELUTION	The Alliance or Delegate
	86870	RBC ANTIBODY IDENTIFICATION	The Alliance or Delegate
	86927	PLASMA FRESH FROZEN	The Alliance or Delegate
	86945	BLOOD PRODUCT/IRRADIATION	The Alliance or Delegate
	86999	TRANSFUSION PROCEDURE	The Alliance or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
EEG (Electroencephalogram)	95711	VEEG 2-12 HR UNMONITORED	The Alliance or Delegate
	95712	VEEG 2-12 HR INTMT MNTR	The Alliance or Delegate
	95713	VEEG 2-12 HR CONT MNTR	The Alliance or Delegate
	95714	VEEG EA 12-26 HR UNMNTR	The Alliance or Delegate
	95715	VEEG EA 12-26HR INTMT MNTR	The Alliance or Delegate
	95716	VEEG EA 12-26HR CONT MNTR	The Alliance or Delegate
	Sleep Study	95782	POS AIRWAY PRESSURE CPAP
95783		POLYSOM <6 YRS 4/> PARAMTRS	The Alliance or Delegate
95805		POLYSOM <6 YRS CPAP/BILVL	The Alliance or Delegate
95807		MULTIPLE SLEEP LATENCY TEST	The Alliance or Delegate
95808		SLEEP STUDY ATTENDED	The Alliance or Delegate
95810		POLYSOM ANY AGE 1-3> PARAM	The Alliance or Delegate
95811		POLYSOM 6/> YRS 4/> PARAM	The Alliance or Delegate
95822		POLYSOM 6/>YRS CPAP 4/> PARM	The Alliance or Delegate
94660		EEG COMA OR SLEEP ONLY	The Alliance or Delegate



## Important Reminder: For Faster Processing, Please Submit Prior Authorization (PA) Requests Electronically Through the Online Alliance Provider Portal

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At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We would like to share this important reminder with you about using our provider portal to assist with operational efficiency as we continue to address the impacts of COVID-19.

**Effective immediately**, we continue to strongly advise our providers to submit Prior Authorization (PA) Requests electronically, through the Alliance Provider Portal. This will help you receive a decision sooner. A number of our operations have been transitioned to be performed remotely and we can process PA forms that are submitted electronically more quickly, than PA forms that are submitted by fax.

### How do I submit a PA through the Alliance Provider Portal?

Login to the Alliance Provider Portal using Google Chrome and follow these steps:

Step 1: Click on “**Submit Authorizations**” under the **Authorization** quick link.

Step 2: Click on “**select a form**” and choose the appropriate authorization type from the drop-down menu:

- Inpatient Authorization (elective procedures only)
- Outpatient Authorization

Step 3: Enter all required fields as directed in this section.

Step 4: **Attach medical records** to avoid further delay of a review or possible denial of services.

Step 5: Click “**submit request**” once you are ready to submit.

### How do I create an Alliance Provider Portal account?

1. Visit [www.alamedaalliance.org](http://www.alamedaalliance.org).
2. Click “**Provider Portal**” from the website homepage.
3. Click “**Create a new account**”.

### Please Note:

- This applies to outpatient services and elective procedures. ER admissions cannot be submitted through the Alliance Provider Portal.
- All required fields, as indicated, must be completed.
- Please double check that the CPT and DX codes are valid and/or Medi-Cal or Group Care covered codes, as appropriate, for the care or service that is being requested.
- Please attach all required medical record documentation to the request to help prevent any delays with processing.
- You will receive a reference number to show that the PA request was successfully submitted through the provider portal. Please note that this is not the PA number itself.

Thank you for your ongoing partnership and for providing high-quality care to our members and community. Together, we are creating a safer and healthier community for all.

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**Questions?** Please call the Alliance Provider Services Department  
or you may contact your Provider Representative directly.

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

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