

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

Effective 3/1/2024

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

Please Note: This list does not include all services. For questions about services not listed please call the Alliance Provider Services Department at 1.510.747.4510.

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.		√		To view the specific list, please refer to Acupuncture, Allergy, Blood Plasma, Sleep Study, and Electroencephalogram (EGG) Codes that Require Authorization or visit www.alamedaalliance.org
	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. Initial and six (6)-month evaluations do not require PA.			√	
		More than two (2) services per month in an outpatient setting.		√		
Admissions <ul style="list-style-type: none"> • Inpatient • Long-term Acute Care (LTAC) • Long-term Care (Custodial) • Skilled Nursing Facility (SNF) • Subacute 	All LOB	<ul style="list-style-type: none"> • 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 the facility. 		√		Admission notifications should be faxed to the Alliance Inpatient UM Department at 1.855.313.6306 . Additional clinical information on admissions can be faxed to 1.855.891.7409 . Please fax LTC Custodial admission notifications to the Alliance LTC Department at 1.510.747.4191 .
Allergy Services	All LOB	Allergen-specific, each allergen is covered up to 50 units per patient annually; additional units would require medically necessary review.		√		To view the specific list, please refer to Acupuncture, Allergy, Blood Plasma, Sleep Study, and Electroencephalogram (EGG) Codes that Require Authorization or visit www.alamedaalliance.org

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE	
Bariatric Psychiatric Evaluations	All LOB			√		Toll-Free: 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			√		To view the specific list, please refer to Acupuncture, Allergy, Blood Plasma, Sleep Study, and Electroencephalogram (EGG) Codes that Require Authorization or visit www.alamedaalliance.org	
Burn Care Centers	All LOB			√			
Community-Based Adult Services (CBAS)	Medi-Cal	The Alliance authorizes community-based adult services (CBAS) based on a referral from the member's primary care provider (PCP) and an eligibility assessment completed by a CBAS service provider.		√			
	Group Care		√				
Chemotherapy (see UM Medication)	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.		√		To view the specific list, please refer to Circumcision, Dialysis, and Genetic Testing Codes that Require Authorization or visit www.alamedaalliance.org	
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 the month of admission, and the following month, the member will then be disenrolled back to Medi-Cal fee-for-service (FFS).		√			
	Group Care		√				

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Dental Care	Medi-Cal	IV sedation and general anesthesia.		√		
		General dental – Carved out to Denti-Cal.	√			Denti-Cal Toll-Free: 1.800.423.0507
	Group Care	Not covered by the Alliance, please contact the Public Authority.	√			Public Authority Phone Number: 1.510.577.3552
Diagnostic and Laboratory Services	All LOB	<ul style="list-style-type: none"> Alameda Health System (AHS) 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. 			√	
Dialysis	All LOB	Covered for home peritoneal dialysis or outpatient hemodialysis. Please Note: Medicare covers dialysis for our dual members.		√		To view the specific list, please refer to Circumcision, Dialysis, and Genetic Testing Codes that Require Authorization or visit www.alamedaalliance.org
Durable Medical Equipment (DME)/Blood Pressure Monitor	Medi-Cal	Carved out to Medi-Cal Rx. Submit requests to Medi-Cal Rx.		√*		* PA required by Medi-Cal Rx. CoverMyMeds www.covermymeds.com Medi-Cal Rx Secure Portal www.medi-calrx.dhcs.ca.gov Toll-Free: 1.800.977.2273
	Group Care	Submit requests to California Home Medical Equipment (CHME).		√		California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org
Durable Medical Equipment (DME)/Continuous Glucose Monitors (CGM)	Medi-Cal	Benefit carved out to Medi-Cal Rx. Submit PA request to Medi-Cal Rx.		√*		* PA required by Medi-Cal Rx. CoverMyMeds www.covermymeds.com Medi-Cal Rx Secure Portal www.medi-calrx.dhcs.ca.gov Toll-Free: 1.800.977.2273
	Group Care	CGM users – All – Submit requests to California Home Medical Equipment (CHME).		√		California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org
Durable Medical Equipment (DME)/Incontinence	Medi-Cal	Covered for chronic pathologic conditions that cause incontinence. Submit requests to California Home Medical Equipment (CHME).		√		California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Durable Medical Equipment (DME)/Medical Supplies (Includes incontinence creams and washes)	Medi-Cal	Cream and wash products are covered when a chronic pathological condition causes incontinence for members. Submit requests to California Home Medical Equipment (CHME). For members under 21 years of age please also submit requests to California Home Medical Equipment (CHME).		√		California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org
Durable Medical Equipment (DME)/Repair	All LOB	Please review the CHME Designated DME list. For all other types of DME equipment submit requests to the Alliance or Delegate.		√		To view the specific list, please refer to Durable Medical Equipment (DME) Codes that Require Authorization or visit www.alamedaalliance.org California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org  CHME Designated DME List
Electroencephalography (EEG)	All LOB	Basic EEG			√	
		VEEG (video encephalogram) Long-term EEG 2-26hrs.		√		To view the specific list, please refer to Acupuncture, Allergy, Blood Plasma, Sleep Study, and Electroencephalogram (EGG) Codes that Require Authorization or visit www.alamedaalliance.org
Emergency Care/Treatment	All LOB				√	
Enteral Nutrition Formulas	Medi-Cal	Carved out to Medi-Cal Rx. Submit requests to Medi-Cal Rx.		√*		* PA required by Medi-Cal Rx. CoverMyMeds www.covermymeds.com Medi-Cal Rx Secure Portal ww.medi-calrx.dhcs.ca.gov Toll-Free: 1.800.977.2273
	Group Care	Submit requests to California Home Medical Equipment (CHME)		√		To view the specific list, please see Hearing Aid and Enteral and Parenteral Codes that Require Prior Authorization or visit www.alamedaalliance.org California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Enteral Nutrition Medical Supplies	All LOB	Submit Requests to California Home Medical Equipment (CHME)		√		To view the specific list, please see Hearing Aid and Enteral and Parenteral Codes that Require Prior Authorization or visit www.alamedaalliance.org California Home Medical Equipment (CHME) Toll-Free: 1.800.906.0626 Email: aaorders@chme.org
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services	Medi-Cal	Case Management (CM) for out-of-network (OON), coordination of care between practitioners, transferring medical information as necessary, and complex care plans. Targeted CM (through RCEB); behavioral health members less than 21 years of age; Home Health nursing services.		√		
	Group Care		√			
Experimental/Investigational Treatments	All LOB		√			
Fertility Services	Medi-Cal		√			
	Group Care	Fertility services to manage iatrogenic fertility (caused by medically necessary surgery, chemotherapy, radiation, or other medical treatment).		√		
Genetic Testing	All LOB			√		To view the specific list, please refer to Circumcision, Dialysis, and Genetic Testing Codes that Require Authorization or visit www.alamedaalliance.org
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.		√		To view the specific list, please see Hearing Aid and Enteral and Parenteral Codes that Require Prior Authorization or visit www.alamedaalliance.org
HIV Testing and Counseling Services	All LOB				√	
Home Health	All LOB			√		To view the specific list, please refer to Home Health and Palliative Care Codes that Require Prior Authorization or visit www.alamedaalliance.org

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Hospice	All LOB	Place of service: At home.			√	To view the specific list, please refer to Hospice Procedure or Revenue Codes that Require Authorization or visit www.alamedaalliance.org .
		Place of service: Inpatient or skilled nursing facility (SNF).		√		
Imaging/Radiology (Specialty: Nuclear medicine, radiation therapy, MRI, CT, etc.)	All LOB			√		To view the specific list, please refer to Radiology Codes that Require Authorization or visit www.alamedaalliance.org .
Infertility Treatment	All LOB		√			
Infusion (Freestanding infusion centers)	All LOB			√		To view the specific list, please refer to Infusion Codes that Require Authorization or visit www.alamedaalliance.org .
Maternity Admission (Coverage for infants)	Medi-Cal	Newborns are automatically covered under the mother for 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 Toll-Free: 1.800.491.9099
		Mild to moderate.			√	
	Group Care	Covered in association with autism or pervasive developmental disorder (PPD) or an emergency via the 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			√		To view the specific list, please refer to Orthotic Codes that Require Prior Authorization and Prosthetic Codes that Require Prior Authorization or visit www.alamedaalliance.org
Out-of-Network (OON) Services	All LOB	All OON services with the exception of an emergency, family planning, and sensitive services.		√		
Outpatient Surgery and	All LOB	Required for both facility and professional services.		√		To view the specific list, please refer

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Specialty Procedures						to Specialty Surgery Codes that Require Prior Authorization or visit www.alamedaalliance.org .
Palliative Care	Medi-Cal			√		To view the specific list, please refer to Home Health and Palliative Care Codes that Require Prior Authorization or visit www.alamedaalliance.org To request authorization for Palliative Care, please refer to the Palliative Care Prior Authorization Form or visit www.alamedaalliance.org
	Group Care		√			
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.		√		To view the specific list, please refer to Podiatry Codes that Require Prior Authorization or visit www.alamedaalliance.org
		First two (2) podiatry visits.			√	
		All additional visits.		√		
	Group Care	Clinic settings and conditions are 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/adults) 6. Fecal screen for colon cancer	All LOB	Use the most recent Quality Improvement (QI) Preventive Health Guidelines as criteria.			√	

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Reconstructive Surgery	All LOB	Reconstructive surgical services are performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) To improve function; (B) To create a normal appearance, to the extent possible or (C) To alleviate/ treat gender dysphoria.		√		To view the specific list, please refer to Reconstructive Surgery codes that Require Prior Authorization or visit www.alamedaalliance.org
Rehabilitation	All LOB	Outpatient Therapy (ST, OT, PT) not to exceed 60 consecutive calendar days per condition; additional services based on medical necessity. The 60-day limit does not apply to treatment plans for autism or PDD. Treatment plans will be reviewed every six (6) months.		√		To view the specific list, please refer to Outpatient Rehab (PT, ST, OT, Cardiac, Pulmonary Codes that Require Prior Authorization or visit www.alamedaalliance.org
	Group Care	Cardiac, pulmonary, and acute rehab.		√		
		Vocational.	√			
Second Opinions – Out-of-Network (OON) Request	All LOB	Out-of-network (OON) requests.		√		
		In-network requests.			√	
Sensitive Services	Medi-Cal	Out-of-network (OON) and in-network requests.			√	
	Group Care				√	
Sleep Studies	All LOB			√		To view the specific list, please refer to Acupuncture, Allergy, Blood Plasma, Sleep Study, and Electroencephalogram (EGG) Codes that Require Authorization or visit www.alamedaalliance.org
Specialist Referrals	All LOB	In-network requests.			√	Exceptions are wound care, lymphedema specialty care, and podiatry which all require PA.
		Out-of-network (OON) requests.		√		
Standard Diagnostic Procedures (I.e., colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc.)	All LOB				√	
Substance Use Disorder	Medi-Cal	Carved out to Alameda County.		N/A		ACCESS Toll-Free: 1.800.491.9099
	Group Care			√		Beacon Health Options Toll-Free: 1.855.856.0577
Tertiary-Quaternary (TQ) Professional Services	All LOB	Office visits or consultations for Tertiary-Quaternary (TQ) level of service at an academic center for highly specialized care. Examples of TQ hospitals include UC Davis, UCSF, and Stanford.		√		To view the specific list, please refer to Tertiary-Quaternary (TQI) Codes that Require Prior Authorization or visit www.alamedaalliance.org
Transgender Services	Medi-Cal	Covers behavioral health services, hormone therapy,		√		

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
		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 (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program.		√		
	Group Care	All major organ and bone marrow transplants that are not experimental/investigational in nature.		√		
Transportation	Medi-Cal	Non-emergency medical transportation (NEMT).		√		Physician Certification Form – Request for Non-Emergency Medical Transportation (NEMT) ModivCare (Alliance transportation vendor) Toll-Free: 1.866.791.4158
		Non-medical transportation (NMT).			√	
		Emergency medical transportation (EMT).			√	
	Group Care	Emergency medical transportation (EMT).			√	
UM Medication	All LOB	Includes but is not limited to in-office injectables and physician administered drugs. Non-capitated drugs are managed by Medi-Cal FFS Intermediary as per Medi-Cal FFS Provider Manual. Examples: <ul style="list-style-type: none"> • Selected HIV/AIDS/hepatitis B treatment drugs • Alcohol and heroin detoxification and dependency treatment drugs • Blood Factors: Clotting Factor Disorder Treatment • Psychiatric Drugs 		√		To view the specific list, please refer to UM Medication (Physician or Facility Administered Medications / Injections in All Settings Codes that Require Prior Authorization) or visit www.alamedaalliance.org
UV Light	All LOB				√	
Vaccines – Preventive Health	All LOB				√	
Vaccines – Travel	All LOB		√			
Vision	Medi-Cal	<ul style="list-style-type: none"> • Routine eye exam once every 24 months. • Eyeglasses (frames and lens) once every 24 months. 			√	March Vision Care Toll-Free: 1.844.336.2724
		<ul style="list-style-type: none"> • 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 Toll-Free: 1.510.577.3552

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Wound Care Centers	All LOB	A wound care center or clinic is a medical facility for treating wounds that do not heal.		√		

LOB = Line of Business NCB = Non-Covered Benefit PA = Prior Authorization

UM_PA GRID 03/2024