

ALAMEDA ALLIANCE FOR HEALTH

COVERED SERVICES BENEFITS GUIDE

Effective Date: [Date]

About the Alliance prior authorization (PA) code list

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We are here to help ensure that you have everything that you need to care for our Alliance members and that your experience as providers in the Alliance network is positive.

We created this Covered Services Benefits Guide to outline covered services and prior authorization requirements for all Alliance programs: Medi-Cal, Group Care, and Alameda Alliance Wellness (HMO D-SNP).

The codes in this list are subject to change. This document is updated quarterly, and additional prior authorization or benefit criteria updates are announced in Provider Alerts and published on the Alliance website at www.alamedaalliance.org/providers/provider-updates.

Preservice checklist

Before services are provided, please check:

- Benefit coverage – Refer to the following Evidence of Coverage (EOC):
 - Alameda Alliance Wellness – www.alamedaalliance.org/alliancewellness/benefits-and-covered-services
 - Group Care – www.alamedaalliance.org/members/group-care/benefits-and-covered-services
 - Medi-Cal – www.alamedaalliance.org/members/medi-cal/benefits-and-covered-services
 - Contracted provider status
- Medical group member assignment
- Medi-Cal non-benefit code*
- Member eligibility – The easiest and fastest way to verify eligibility is through the Alliance Provider Portal. To log in or create an account, visit the Alliance website at www.alamedaalliance.org and click on the **Provider Portal** button in the top right corner, and you will be redirected to our Provider Portal. For help, please view the Alliance Provider Portal Instruction Guide found on the Alliance Provider Portal landing page. If you are creating an account, please allow two (2) business days for the Alliance Provider Service Department to review and respond.

*For Medi-Cal members, codes on DHCS’ non-benefit code lists always require prior authorization. To view the DHCS non-benefit code list, please visit <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications/manual?community=general-medicine>.

For more information on the DHCS non-benefit code list, please visit https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/C9688358-EFF1-4BFE-AE82-097B6A5ED942/tarandnon.pdf?access_token=6UyVkRRfByXTZEWlh8j8QaYyIPyP5ULO.

We are here to help

If you have any questions, please call:

Alliance Provider Services Department
Phone Number: **1.510.747.4510**



How to use this guide

To search the PA Code List by procedure code or keyword, press **Ctrl+F** on your keyboard; then, type in the code in the navigation box that appears.

Legend:

- ACBH** – Carve-Out to Alameda County Behavioral Health
- FFS** – Carve-Out to Medi-Cal Fee-for-Service (FFS)
- NCB** – Not a Covered Benefit
- NO** – No Prior Authorization Required
- PA** – Prior Authorization Required

The **Date Updated** field will display a date if an update was made after this list’s first publication. If the field is blank, no update has been made.

The PA code list is also available in a web-based search tool at **www.alamedaalliance.org/providers/authorizations**. For more benefit details, please refer to the Evidence of Coverage (EOC) for the specific line of business.

How to submit a prior authorization request

Alliance Network

For Alameda Alliance Wellness, Group Care, and Medi-Cal members assigned to the Alliance network, please submit a PA request to the Alliance via the Alliance Provider Portal or fax:

- Alliance Provider Portal:** To log in or create an account, visit the Alliance website at **www.alamedaalliance.org** and click on the **Provider Portal** button in the top right corner, and you will be redirected to our Provider Portal.
- Fax:** Fax the **Alliance Prior Authorization (PA) Request Form** to **1.855.891.7174**. To view and download the form, please visit **www.alamedaalliance.org/providers/provider-forms**.

Community Health Center Network (CHCN)

For Medi-Cal and Group Care members assigned to CHCN, please send PA requests to:

- Community Health Center Network
- Phone Number: **1.510.297.0220**
- Fax: **1.510.297.0222**
- www.chcnetwork.org**

Children First Medical Group (CFMG)

For Medi-Cal members assigned to CFMG, please send PA requests to:

- Children First Medical Group
- Phone Number: **1.510.428.3154**
- Fax: **1.510.450.5868**
- www.childrenfirstmedicalgroup.org**

Durable medical equipment (DME)

For DME on the California Home Medical Equipment (CHME)-capitated code list, please send PA requests to:

- Toll-Free: **1.800.906.0626**
- Email: **aaorders@chme.org**

To view the CHME-capitated code list, please visit **www.alamedaalliance.org/providers/ancillary-network/durable-medical-equipment-dme**.



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Covered Services (no associated code list)

Service Category	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Inpatient Admissions <ul style="list-style-type: none">Acute Rehab (ARU)Behavioral Health Psychiatric Inpatient*Behavioral Health Substance Use Disorder Inpatient*Inpatient AcuteLong-term Acute Care (LTAC)Short-Term Subacute <30 DaysSkilled Nursing Facility (SNF)	PRIOR AUTHORIZATION REQUIRED Contracted facilities must notify the Alliance within 24 hours of an acute admission using one (1) of the following methods: <ul style="list-style-type: none">ADT Feed Faxed FacesheetFaxed FacesheetInpatient Authorization Request form (for admissions into acute)Post Acute Authorization Form (for admissions to skilled or short-term custodial care at a nursing 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 . 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 1262.8. 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. *Medi-Cal BH admissions are carved out to Alameda County Behavioral Health.			
Neonatal Intensive Care Unit (NICU) Admission	PRIOR AUTHORIZATION REQUIRED			
Non-emergency Medical Transportation (NEMT)	To request NEMT, complete the Physician Certification Statement (PCS) Form . To access the form, please visit www.alamedaalliance.org/providers/provider-forms .			
Nutrition and Dietitian Assessment/Counseling (general and diabetic)	NO PRIOR AUTHORIZATION REQUIRED			
OB/GYN services	NO PRIOR AUTHORIZATION REQUIRED (for in-network providers)			
Orthodontics, Orthognathic, and Appliance Therapy for Temporomandibular Joint (TMJ) Disorders	NOT A COVERED BENEFIT			
Out-of-Network (OON) Services	PRIOR AUTHORIZATION REQUIRED (except for emergency, family planning, and sensitive services)			
Palliative Care	PRIOR AUTHORIZATION REQUIRED To submit a request, complete the Prior Authorization (PA) Request Form – Adult Palliative Care . To access the form, please visit www.alamedaalliance.org/providers/provider-forms .	NOT A COVERED BENEFIT	PRIOR AUTHORIZATION REQUIRED To submit a request, complete the Prior Authorization (PA) Request Form – Adult Palliative Care . To access the form, please visit www.alamedaalliance.org/providers/provider-forms .	
Podiatry	PRIOR AUTHORIZATION REQUIRED Covers podiatry procedures 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.	PRIOR AUTHORIZATION REQUIRED	PRIOR AUTHORIZATION REQUIRED Covers podiatry procedures 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.	
Preventive Care	NO PRIOR AUTHORIZATION REQUIRED			
Preventive Health Screenings	NO PRIOR AUTHORIZATION REQUIRED Refer to the current Clinical Practice Guidelines at www.alamedaalliance.org/providers/provider-resources/clinical-practice-guidelines .			

For more benefit details, please refer to the Evidence of Coverage (EOC).

Covered Services *(no associated code list)*

Service Category	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Reconstructive Surgery	PRIOR AUTHORIZATION REQUIRED 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: <div><div>A. To correct/repair abnormal structures;</div><div>B. To improve function;</div><div>C. To create a normal appearance, to the extent possible, or</div><div>D. To alleviate/treat gender dysphoria.</div></div>			
Second Opinions	NO PRIOR AUTHORIZATION REQUIRED (for in-network providers)			
Sexual Dysfunction Drugs	NOT A COVERED BENEFIT			
Standard Diagnostic Procedures (i.e., colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc.)	NO PRIOR AUTHORIZATION REQUIRED			
Transgender/Gender Affirming Services	Refer to Evidence of Coverage for more benefit details	PRIOR AUTHORIZATION REQUIRED Covers medically necessary gender affirming services to treat gender dysphoria or gender identity disorder. Refer to Evidence of Coverage for more benefit details	PRIOR AUTHORIZATION REQUIRED Covers behavioral health services, hormone therapy, psychotherapy, ancillary services, medical consultations, procedures, and surgery that bring primary and secondary gender characteristics into conformity with the individual’s identified gender.	
Utilization Management (UM) Medications	PRIOR AUTHORIZATION REQUIRED	PRIOR AUTHORIZATION REQUIRED	PRIOR AUTHORIZATION REQUIRED Non-capitated drugs are managed by Medi-Cal fee-for-service (FFS) Intermediary as per Medi-Cal FFS Provider Manual. Examples: Examples: <ul style="list-style-type: none">Alcohol and heroin detoxification and dependency treatment drugsBlood Factors: Clotting Factor Disorder TreatmentCell and Gene TherapyPsychiatric DrugsSelected HIV/AIDS/hepatitis B treatment drugs	
Ultraviolet (UV) Light	NO PRIOR AUTHORIZATION REQUIRED			
Vaccines – Preventive Health	NO PRIOR AUTHORIZATION REQUIRED			
Vaccines – Travel	Refer to Evidence of Coverage for more benefit details	NO PRIOR AUTHORIZATION REQUIRED	PRIOR AUTHORIZATION REQUIRED Submit request to Medi-Cal Rx: CoverMyMeds: www.covermymeds.com Medi-Cal Rx Secure Portal: www.medi-calrx.dhcs.ca.gov Toll-Free: 1.800.977.2273	

For more benefit details, please refer to the Evidence of Coverage (EOC).

Medical/Behavioral Services Code List

						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Acupuncture	97810	PA	PA	PA	ACUPUNCT W/O STIMUL 15 MIN		NO PA REQUIRED for the first 10 visits per benefit year (self-referral). PA REQUIRED after 10 visits per benefit year.	NO PA REQUIRED for the first four (4) services per month to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. PA REQUIRED for 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.	
Acupuncture	97811	PA	PA	PA	ACUPUNCT W/O STIMUL ADDL 15M		NO PA REQUIRED for the first 10 visits per benefit year (self-referral). PA REQUIRED after 10 visits per benefit year.	NO PA REQUIRED for the first four (4) services per month to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. PA REQUIRED for 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.	
Acupuncture	97813	PA	PA	PA	ACUPUNCT W/STIMUL 15 MIN		NO PA REQUIRED for the first 10 visits per benefit year (self-referral). PA REQUIRED after 10 visits per benefit year.	NO PA REQUIRED for the first four (4) services per month to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. PA REQUIRED for 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.	
Acupuncture	97814	PA	PA	PA	ACUPUNCT W/STIMUL ADDL 15M		NO PA REQUIRED for 20 visits per benefit year (self-referral). PA REQUIRED after 20 visits per benefit year.	NO PA REQUIRED for the first two (2) services per month for treatment of the spine by manual manipulation. PA REQUIRED for more than two (2) services per month for treatment of the spine by manual manipulation.	

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health
Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

NO – No Prior Authorization Required

PA – Prior Authorization

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Allergy Services	86003	PA	PA	PA	ALLERGEN SPEC IGE; QUANTIT/SEMIQ EACH ALLERGEN		Allergen-specific, each allergen is covered up to 50 units per patient annually; additional units would require medically necessary review.	Allergen-specific, each allergen is covered up to 50 units per patient annually; additional units would require medically necessary review.	
Allergy Services	86008	PA	PA	PA	ALLERGEN SPEC IGE RECOMB EA				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	H0031	NCB	NO	PA	BEHAVIOR IDENTIFICATION ASSESSMENT				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	H0032	NCB	NO	PA	OBSERVATIONAL BEHAVIORAL FOLLOW-UP ASSESSMENT				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	H2012	NCB	NO	PA	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	H2014	NCB	NO	PA	ADAPTIVE BEHAVIOR TREATMENT SOCIAL SKILLS GROUP W/MULTI PATIENTS				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	H2019	NCB	NO	PA	ADAPTIVE BEHAVIOR TREATMENT WITH ONE PATIENT				
Applied Behavioral Analysis (ABA)/Behavioral Health Therapy (BHT)	S5111	NCB	NO	PA	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE W/O PT				
Audiology	92620	PA	PA	PA	AUDITORY FUNCTION 60 MIN			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	
Audiology	92621	PA	PA	PA	AUDITORY FUNCTION +15 MIN			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	

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Audiology	92625	PA	PA	PA	TINNITUS ASSESSMENT			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	
Audiology	92630	PA	PA	PA	AUD REHAB PRE-LING HEAR LOSS			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	
Audiology	92633	PA	PA	PA	AUD REHAB POSTLING HEAR LOSS			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	
Audiology	92700	PA	PA	PA	ENT PROCEDURE/SERVICE			NO PA REQUIRED for the first two (2) services per month in an outpatient setting. Initial and six (6)-month evaluations do not require prior authorization. PA REQUIRED for more than two (2) services per month in an outpatient setting.	
Behavioral Health	00104	PA	PA	PA	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY				
Behavioral Health	0144	PA	PA	ACBH	ROOM AND BOARD – PRIVATE – PSYCHIATRIC			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0154	PA	PA	ACBH	ROOM AND BOARD – PRIVATE – REHABILITATION – NON-PRIVATE			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0204	PA	PA	ACBH	INTENSIVE CARE UNIT – PSYCHIATRIC			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0901	PA	PA	ACBH	ELECTROCONVULSIVE TREATMENT			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	

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Behavioral Health	0905	PA	PA	ACBH	INTENSIVE OUTPATIENT- PSYCHIATRIC			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0912	PA	PA	ACBH	PARTIAL HOSPITALIZATION PROGRAM- LESS INTENSIVE			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0913	PA	PA	ACBH	PARTIAL HOSPITALIZATION PROGRAM- INTENSIVE			Utilization review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	0944	NO	NO	ACBH	AMBULATORY DETOX – DRUG REHABILITATION			CARVED OUT to ACBH (ACCESS) for SUD treatment. Toll-Free: 1.800.491.9099	
Behavioral Health	1001	ACBH	PA	ACBH	RESIDENTIAL TREATMENT – PSYCHIATRIC			SUD Residential Utilization Review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	1001	ACBH	PA	ACBH	RESIDENTIAL TREATMENT – SUD			SUD Residential Utilization Review by ACBH. Phone Number: 1.510.567.8141 Email: UtilizationManagement@acgov.org	
Behavioral Health	90785	PA	PA	PA	PSYTX COMPLEX INTERACTIVE, ADD-ON CODE				
Behavioral Health	90833	PA	PA	PA	30-MINUTE PSYCHOTHERAPY WITH E/M ADD-ON				
Behavioral Health	90836	PA	PA	PA	45-MINUTE PSYCHOTHERAPY WITH E/M ADD-ON				
Behavioral Health	90837	PA	PA	PA	INDIVIDUAL PSYCHOTHERAPY (60 MIN)				
Behavioral Health	90838	PA	PA	PA	60-MINUTE PSYCHOTHERAPY WITH E/M ADD-ON				
Behavioral Health	90845	PA	PA	PA	PSYCHOANALYSIS				
Behavioral Health	90846	PA	PA	PA	FAMILY PSYCHOTHERAPY, WITHOUT PATIENT PRESENT				
Behavioral Health	90865	PA	PA	PA	NARCOSYNTHESIS				
Behavioral Health	90867	PA	PA	PA	INITIAL TREATMENT FOR THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETICS STIMULATION (TMS)				
Behavioral Health	90868	PA	PA	PA	DELIVERY AND MANAGEMENT OF TRANSCRANIAL MAGNETIC STIMULATION (TMS) PER SESSION				
Behavioral Health	90869	PA	PA	PA	MOTOR THRESHOLD REDETERMINATION WITH DELIVERY AND MANAGEMENT OF THERAPEUTIC REPETITIVE TRANCRRANIAL MAGNETIC (TMS) TREATMENT				

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Behavioral Health	90870	PA	PA	PA	ECT, SINGLE SEIZURE AND MULTIPLE SEIZURE PER DAY				
Behavioral Health	90885	PA	PA	PA	PSY EVALUATION OF RECORDS				
Behavioral Health	90889	PA	PA	PA	PREPARATION OF REPORT				
Behavioral Health	90899	PA	PA	PA	UNLISTED PSYC SVC/THERAPY				
Behavioral Health	96103	PA	PA	PA	PSYCHOLOGICAL TESTING BY A COMPUTER (NOTE: THIS CODE IS BILLED AS ONE UNIT, REGARDLESS OF HOW LONG THE TESTING TAKES. IT IS NOT BILLED PER HOUR)				
Behavioral Health	96112	PA	PA	PA	DEVELOPMENTAL TESTING – (FIRST HOUR)				
Behavioral Health	96113	PA	PA	PA	DEVELOPMENTAL TESTING – (EACH ADDITIONAL 30 MINS)				
Behavioral Health	96116	PA	PA	PA	NEUROBEHAVIORAL STATUS EXAM				
Behavioral Health	96130	PA	PA	PA	PSYCHOLOGICAL TESTING – EVALUATION (FIRST HOUR)				
Behavioral Health	96131	PA	PA	PA	PSYCHOLOGICAL TESTING - EVALUATION (EACH ADDITIONAL HOUR)				
Behavioral Health	96132	PA	PA	PA	NEUROPSYCHOLOGICAL TESTING – EVALUATION (FIRST HOUR)				
Behavioral Health	96133	PA	PA	PA	NEUROPSYCHOLOGICAL TESTING – EVALUATION (EACH ADDITIONAL HOUR)				
Behavioral Health	96136	PA	PA	PA	PSYCHOLOGICAL TESTING (FIRST 30 MINS)				
Behavioral Health	96137	PA	PA	PA	PSYCHOLOGICAL TESTING (EACH ADDITIONAL 30 MINS)				
Behavioral Health	96101	PA	PA	PA	PSYCHOLOGICAL TESTING, INTERPRETATION AND REPORTING PER HOUR BY A PSYCHOLOGIST (PER HOUR)				
Behavioral Health	96102	PA	PA	PA	PSYCHOLOGICAL TESTING PER HOUR BY A TECHNICIAN (PER HOUR)				
Behavioral Health	96105	PA	PA	PA	ASSESSMENT OF APHASIA				
Behavioral Health	96110	PA	PA	PA	DEVELOPMENT TESTING				
Behavioral Health	96111	PA	PA	PA	DEVELOPMENTAL TESTING, EXTENDED				
Behavioral Health	96116	PA	PA	PA	NEUROBEHAVIORAL STATUS EXAM (PER HOUR)				
Behavioral Health	96118	PA	PA	PA	NEUROPSYCHOLOGICAL TESTING, INTERPRETATION AND REPORTING BY A PSYCHOLOGIST (PER HOUR)				
Behavioral Health	96119	PA	PA	PA	NEUROPSYCHOLOGICAL TESTING PER HOUR BY A TECHNICIAN				

For more benefit details, please refer to the Evidence of Coverage (EOC).

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Behavioral Health	96120	PA	PA	PA	NEUROPSYCHOLOGICAL TESTING BY A COMPUTER (NOTE: THIS CODE IS BILLED AS ONE UNIT, REGARDLESS OF HOW LONG THE TESTING TAKES. IT IS NOT BILLED PER HOUR)				
Behavioral Health	96127	PA	PA	PA	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT				
Behavioral Health	G0410	NO	NO	ACBH	GRP PSYCH PHP/IOP 45-50			CARVED OUT to ACBH (ACCESS) for outpatient services for members with Severe Mental Health Needs (rating score <6 on the DHCS screening tool). Toll-Free: 1.800.491.9099 NO PA REQUIRED for mild to moderate mental health needs covered by Alliance outpatient visits (rating score <5 on the DHCS screening tool). Managed by the Alliance.	
Behavioral Health	G0411	NO	NO	ACBH	INTERACTIVE GRP PSYC PHP/IOP			CARVED OUT to ACBH (ACCESS) for outpatient services for members with Severe Mental Health Needs (rating score <6 on the DHCS screening tool). Toll-Free: 1.800.491.9099 NO PA REQUIRED for mild to moderate mental health needs covered by Alliance outpatient visits (rating score <5 on the DHCS screening tool). Managed by the Alliance.	
Behavioral Health	G2086	NO	NO	ACBH	OFFICE-BASED TREATMENT FOR SUD, INCLUDING DEVELOPMENT OF THE TREATMENT PLAN, CARE COORDINATION, INDIVIDUAL THERAPY, GROUP THERAPY, AND COUNSELING; AT LEAST 70 MINUTES IN THE FIRST CALENDAR MONTH			CARVED OUT to Alameda County Behavioral Health (ACCESS). Toll-Free: 1.800.491.9099	
Behavioral Health	G2087	NO	NO	ACBH	OFFICE-BASED TREATMENT FOR SUD, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY, GROUP THERAPY, AND COUNSELING; AT LEAST 60 MINUTES IN A SUBSEQUENT CALENDAR MONTH			CARVED OUT to ACBH (ACCESS). Toll-Free: 1.800.491.9099	
Behavioral Health	G2088	NO	NO	ACBH	OFFICE-BASED TREATMENT FOR SUD; EACH ADDITIONAL 30 MINUTES BEYOND THE BASE SERVICES IN G2086 OR G2087			CARVED OUT to ACBH (ACCESS). Toll-Free: 1.800.491.9099	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Behavioral Health	H0014	NO	NO	ACBH	AMBULATORY DETOX			CARVED OUT to ACBH (ACCESS). Toll-Free: 1.800.491.9099	
Chiropractic Services	98940	PA	PA	PA	CHIROPRACT MANJ 1-2 REGIONS		NO PA REQUIRED for 20 visits per benefit year (self-referral). PA REQUIRED after 20 visits per benefit year.	NO PA REQUIRED for the first two (2) services per month for treatment of the spine by manual manipulation. PA REQUIRED for more than two (2) services per month for treatment of the spine by manual manipulation.	
Chiropractic Services	98941	PA	PA	PA	CHIROPRACT MANJ 3-4 REGIONS		NO PA REQUIRED for 20 visits per benefit year (self-referral). PA REQUIRED after 20 visits per benefit year.	NO PA REQUIRED for the first two (2) services per month for treatment of the spine by manual manipulation. PA REQUIRED for more than two (2) services per month for treatment of the spine by manual manipulation.	
Chiropractic Services	98942	PA	PA	PA	CHIROPRACTIC MANJ 5 REGIONS		NO PA REQUIRED for 20 visits per benefit year (self-referral). PA REQUIRED after 20 visits per benefit year.	NO PA REQUIRED for the first two (2) services per month for treatment of the spine by manual manipulation. PA REQUIRED for more than two (2) services per month for treatment of the spine by manual manipulation.	
Chiropractic Services	98943	PA	PA	PA	EXTRASPINAL CHIROPRACTIC MANIPULATIVE TREATMENT		NO PA REQUIRED for 20 visits per benefit year (self-referral). PA REQUIRED after 20 visits per benefit year.	NO PA REQUIRED for the first two (2) services per month for treatment of the spine by manual manipulation. PA REQUIRED for more than two (2) services per month for treatment of the spine by manual manipulation.	
Community Based Adult Services (CBAS)	H0045	PA	PA	PA	RESPIRE CARE SERVICES, NOT IN THE HOME; PER DIEM			The Alliance authorizes CBAS based on a referral from the member’s PCP and an eligibility assessment completed by a CBAS service provider.	
Community Based Adult Services (CBAS)	H2000	PA	NCB	PA	CBAS EVALUATION			The Alliance authorizes CBAS based on a referral from the member’s PCP and an eligibility assessment completed by a CBAS service provider.	
Community Based Adult Services (CBAS)	S5102	PA	NCB	PA	CBAS SERVICES			The Alliance authorizes CBAS based on a referral from the member’s PCP and an eligibility assessment completed by a CBAS service provider.	

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Dental Anesthesia	41899	PA	PA	PA	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES (FACILITY FEES), THOUGH OTHER CODES MAY APPLY		PA REQUIRED for both facility and professional services.	PA REQUIRED for both facility and professional services.	
Diagnostic and Laboratory Services	87912	PA	NO	NO	GENOTYPE DNA HEPATITIS B		In-network diagnostic facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	
Diagnostic and Laboratory Services	88261	PA	NO	NO	CHROMOSOME ANALYSIS 5		In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	
Diagnostic and Laboratory Services	88749	PA	NO	NO	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE		In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	
Diagnostic and Laboratory Services	89398	PA	PA	PA	UNLISTED REPROD MED LAB PROC		In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	In-Network Diagnostic Facilities and Laboratories are determined by the member’s assigned health system. <ul style="list-style-type: none">Alameda Health System (AHS) assigned members – Rendered through AHS.All other members – Rendered through Quest Diagnostics.	
Durable Medical Equipment (DME) & Supplies	A4222	PA	PA	PA	INFUS SPL EXT RX INFUS PUMP CAS/BAG		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4223	PA	PA	PA	INFUS SPL NO EXT INFUS PUMP CAS/BAG		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4224	PA	PA	PA	ALL INCLUSIVE CODE FOR PUMP SUPPLIES		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	A4230	PA	PA	PA	INFUS SET EXT INSULIN PUMP NONNDLE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4231	PA	PA	PA	INFUS SET EXT INSULIN PUMP NEEDLE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4232	PA	PA	PA	SYRINGE NDLE EXT INSULIN PUMP STERL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4619	PA	PA	PA	FACE TENT		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A4620	PA	PA	PA	VARIABLE CONCENTRATION MASK		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A5504	PA	PA	PA	DM ONLY MOD SHOE/CSTM W/WEDGE SHOE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A5506	PA	PA	PA	DIABETIC SHOE W/OFF SET HEEL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A5507	PA	PA	PA	MODIFICATION DIABETIC SHOE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6501	PA	PA	PA	COMPRS BURN GARMNT BDYSUIT CSTM FAB		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6502	PA	PA	PA	COMPRS BRN GARMNT CHIN STRAP CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6503	PA	PA	PA	COMPRS BRN GARMNT FCE HOOD CSTM FAB		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6504	PA	PA	PA	COMPRS BRN GARMNT GLOV WRST CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6505	PA	PA	PA	COMPRS BRN GARMNT GLOV ELB CSTM FAB		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6506	PA	PA	PA	COMPRS BURN GARMNT GLOV AX CSTM FAB		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	A6507	PA	PA	PA	COMPRS BRN GARMNT FT KNEE LEN CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6508	PA	PA	PA	COMPRS BRN GARMNT FT THI LEN CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6509	PA	PA	PA	COMPRS BRN GARMNT TRNK WAIST CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6510	PA	PA	PA	COMPRS BRN GARMNT TRNK ARM LEG OPN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6511	PA	PA	PA	COMPRS BRN GARMNT LW TRNK LEG OPN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6513	PA	PA	PA	COMPRS BRN MASK FCE&/NCK PLSTC/EQUL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6545	PA	PA	PA	GRADIENT COMPRESSION WRAP, NONELASTIC, BELOW KNEE, 30-50 MM HG, USED AS A SURGICAL DRESSING, EACH		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A6549	PA	PA	PA	GRAD COM GARM NOC DAY USE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A7020	PA	PA	PA	INTERFACE COUGH STIM DEVC REPL ONLY		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A7044	PA	PA	PA	ORL INTERFCE W/POS ARWAY PRSS DEVC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A7045	PA	PA	PA	EXHALATION PORT REPLACEMENT ONLY		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A9590	PA	NO	NO	IODINE I-131 IOBENGUANE, 1 MCI		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A9607	PA	NO	NO	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN, THERAPEUTIC, 1 MCI		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	A9900	PA	PA	PA	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	A9999	PA	PA	PA	DME SUPPLY OR ACCESSORY, NOS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4081	PA	PA	PA	NASOGASTRIC TUBING WITH STYLET		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4083	PA	PA	PA	STOMACH TUBE - LEVINE TYPE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4105	PA	PA	PA	IN-LINE CART CTG DIG ENZYME EF EACH		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4164	PA	PA	PA	PARNTRAL NUT SOL; CARBS 50%/< HOM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4168	PA	PA	PA	PARNTRAL NUT SOL; AMINO ACID 3.5%		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4176	PA	PA	PA	PARNTRAL NUT SOL; AMINO ACID 7-8.5%		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4178	PA	PA	PA	PARNTRAL NUT SOL; AMINO ACID > 8.5%		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4180	PA	PA	PA	PARNTRAL NUT SOL; CARBS > 50% HOM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4185	PA	PA	PA	PARENTERAL NUTR SOL NOS 10 G LIPIDS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B4216	PA	PA	PA	PARNTRAL NUT; ADDITIVES-HOM MIX-DAY		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	B9999	PA	PA	PA	NOC FOR PARENTERAL SUPPLIES		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0170	PA	PA	PA	COMMODE CHAIR SEAT LIFT MECH ELEC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0171	PA	PA	PA	COMMODE CHAIR SEAT LIFT MCH NONELEC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	E0433	PA	PA	PA	PORTBL LIQ O2 SYS RENT; HOME LIQUIF		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0467	PA	PA	PA	HOME VENTILATOR MULTI-FUNC RESP DVC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0472	PA	PA	PA	RESP ASST DEVC BI-LEVL PRSS CAPABIL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0480	PA	PA	PA	PERCUSSOR ELEC/PNEUMAT HOME MODEL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0481	PA	NO	NO	INTRAPULM PERCUSS VENT SYS&REL ACSS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0483	PA	PA	PA	HF CW OS SYS TH REG REC SIM EX OS Q		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0484	PA	PA	PA	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NONELECTRIC, ANY TYPE, EACH		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0486	PA	PA	PA	ORL DEVC/APPL RDUC UA COLLAPS CSTM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0561	PA	PA	PA	HUMDIFIR NON-HEAT USED W/POS AIRWAY		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0616	PA	NO	NO	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR, AND PROGRAMMER		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0635	PA	PA	PA	PATIENT LIFT ELECTRIC W/SEAT/SLING		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0638	PA	NO	NO	STAND FRAME/TABLE SYS 1 POS ANY SZ		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0639	PA	PA	PA	PT LIFT MOVEABLE DISASSMBL&REASSMBL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0642	PA	NO	NO	STAND FRAME/TABLE SYS MOBILE ANY SZ		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	E0650	PA	PA	PA	PNEUMAT COMPRS NONSEG HOME MODEL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0655	PA	PA	PA	NONSEG PNEUMAT APPLINC HALF ARM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0657	PA	PA	PA	SEG PNEUMAT APPLINC W/COMPRS CHEST		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0660	PA	PA	PA	NONSEG PNEUMAT APPLINC FULL LEG		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0665	PA	PA	PA	NONSEG PNEUMAT APPLINC FULL ARM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0666	PA	PA	PA	NONSEG PNEUMAT APPLINC HALF LEG		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0671	PA	PA	PA	SEG GRAD PRSS PNUMAT APPLNC FUL LEG		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0672	PA	PA	PA	SEG GRAD PRSS PNUMAT APPLNC FUL ARM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0700	PA	NO	NO	FES TRANSQ STIM NERV&/MUSC CMPL NOS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0747	PA	PA	PA	OSTOGNS STIM NONINVASV NOT SP APPLC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0748	PA	PA	PA	OSTOGNS STIM NONINVASV SP APPLIC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0760	PA	PA	PA	OSTOGNS STIM LW INTENS US NONINVASV		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0766	PA	PA	PA	ELEC STM DVC CA TX ALL ACC ANY TYPE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0781	PA	PA	PA	AMB INFUS PUMP 1/MX CHANNL W/ADMIN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	E0783	PA	PA	PA	INFUS PUMP SYSTEM IMPL PROGMMABLE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0784	PA	PA	PA	EXTERNAL AMB INFUSION PUMP INSULIN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0785	PA	PA	PA	IMPLANT INTRASPINL CATH PUMP-REPL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0786	PA	PA	PA	IMPLNT PROGRAM INFUSION PUMP-REPL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0791	PA	PA	PA	PAR INFUS PUMP STAT SINGLE/MXCHANEL		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E0849	PA	NO	NO	TRAC EQP CERV FREESTND FRME PNEUMAT		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1220	PA	NO	NO	WHEELCHAIR; SPCL SIZED/CONSTRUCTED		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1229	PA	NO	NO	WHEELCHAIR PEDIATRIC SIZE NOS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1230	PA	NO	NO	PWR OP VEH SPEC BRAND&MODEL NUMBER		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1231	PA	PA	PA	WC PED SZ TILT-IN-SPACE RIGD W/SEAT		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1239	PA	NO	NO	POWER WHEELCHAIR PEDIATRIC SIZE NOS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E1399	PA	PA	PA	DME MISCELLANEOUS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2100	PA	PA	PA	BLD GLU MON INTEGRT VOICE SYNTHESZR		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2101	PA	PA	PA	BLD GLU MON INTGRT LANCING/BLD SAMP		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	E2102	PA	NO	NO	ADJUNCTIVE CONTINUOUS GLUCOSE MONITOR OR RECEIVER		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2219	PA	NO	NO	MNL WC ACSS FOAM CASTER TIRE ANY SZ		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2293	PA	NO	NO	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2294	PA	NO	NO	SEAT CONTRD PED WC ATTCH HARDWARE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2295	PA	NO	NO	MNL WC ACCESS PED SIZE WC SEAT FRME		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2301	PA	NO	NO	WHEELCHAIR ACC PWR STND SYS ANY TYP		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2343	PA	NO	NO	PWR WC NONSTD SEAT DEPTH 22-25 IN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2351	PA	PA	PA	PWR WC ACSS ELEC OP SPCH GEN DEVC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2500	PA	PA	PA	SPEECH GEN DEV DIGTIZD</=8 MINS REC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2502	PA	PA	PA	SPCH GEN DEVC DGTZD>8<= 20 MINS REC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2504	PA	PA	PA	SPCH GEN DEVC DGTZD>20</=40 MIN REC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2506	PA	PA	PA	SPCH GEN DEVC DIGTIZD>40 MINS REC		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2508	PA	PA	PA	SPCH GEN DEVC SYNTHSIZD REQ MESS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2510	PA	PA	PA	SPCH GEN DVC SYNTHSIZD MX METH MESS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		

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Durable Medical Equipment (DME) & Supplies	E2511	PA	PA	PA	SPEECH GENERATING SOFTWARE PROGRAM		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	E2512	PA	PA	PA	ACSS SPCH GEN DEVICE MOUNTING SYS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0009	PA	NO	NO	OTHER MANUAL WHEELCHAIR/BASE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0014	PA	NO	NO	OTH MOTORIZED/POWER WHEELCHAIR BASE		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0455	PA	PA	PA	INFUSION PUMP USED FOR UNINTERRUPTED PARENTERAL ADMINISTRATION OF MEDICATION, (E.G., EPOPROSTENOL OR TREPROSTINOL)		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0672	PA	PA	PA	ADD LOW EXT ORTHOSIS REPL EACH		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0743	PA	NO	NO	SX PUMP HOME MDL PORT FOR WOUNDS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0744	PA	NO	NO	ABSRB WD DR H MDL PAD 16 SQ IN/LESS		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0745	PA	NO	NO	ABS WD DR PAD>16 SQ IN</= 48 SQ IN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0746	PA	NO	NO	ABSRB WD DR H MDL PAD SZ >48 SQ IN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME) & Supplies	K0855	PA	NO	NO	PWR WC GRP 3 CAPT CHAIR PT 601 LB/>		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME)/Incontinence	T2001	PA	PA	PA	INTERFERENTIAL STIM 4 CHAN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Durable Medical Equipment (DME)/Supplies	S5130	NCB	PA	PA	INTERFERENTIAL STIM 2 CHAN		Submit requests to CHME. Toll-Free: 1.800.906.0626 Email: aaorders@chme.org		
Electroencephalography	94660	PA	PA	PA	EEG COMA OR SLEEP ONLY				

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Enhanced Care Management (ECM)	G9007	NCB	NCB	PA	MULTIDISCIPLINARY TEAM CONFERENCE: PROVIDED/INITIATED BY ECM PROVIDER’S CLINICAL STAFF				
Enhanced Care Management (ECM)	G9008	NCB	NCB	PA	ECM (IN-PERSON/ TELEPHONIC): PROVIDED BY CLINICAL STAFF. OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED				
Enhanced Care Management (ECM)	G9012	NCB	NCB	PA	ECM (IN-PERSON/ TELEPHONIC): PROVIDED BY NON-CLINICAL STAFF. OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED				
Genetic Testing	81163	PA	PA	PA	BRCA1&2 GENE FULL SEQ ALYS				
Genetic Testing	81165	PA	PA	PA	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS				
Genetic Testing	81166	PA	PA	PA	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS				
Genetic Testing	81167	PA	PA	PA	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS				
Genetic Testing	81170	PA	PA	PA	ABL1 GENE				
Genetic Testing	81173	PA	PA	PA	AR GENE FULL GENE SEQUENCE				
Genetic Testing	81174	PA	PA	PA	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; KNOWN FAMILIAL VARIANT				
Genetic Testing	81177	PA	PA	PA	ATN1 GENE DETC ABNOR ALLELES				
Genetic Testing	81178	PA	PA	PA	ATXN1 GENE DETC ABNOR ALLELE				
Genetic Testing	81179	PA	PA	PA	ATXN2 GENE DETC ABNOR ALLELE				
Genetic Testing	81180	PA	PA	PA	ATXN3 GENE DETC ABNOR ALLELE				
Genetic Testing	81181	PA	PA	PA	ATXN7 GENE DETC ABNOR ALLELE				
Genetic Testing	81182	PA	PA	PA	ATXN8OS GEN DETC ABNOR ALLEL				
Genetic Testing	81183	PA	PA	PA	ATXN10 GENE DETC ABNOR ALLEL				
Genetic Testing	81184	PA	PA	PA	CACNA1A GEN DETC ABNOR ALLEL				
Genetic Testing	81185	PA	PA	PA	CACNA1A GENE FULL GENE SEQ				
Genetic Testing	81186	PA	PA	PA	CACNA1A GEN KNOWN FAMIL VRNT				
Genetic Testing	81187	PA	PA	PA	CNBP GENE DETC ABNOR ALLELE				
Genetic Testing	81188	PA	PA	PA	CSTB GENE DETC ABNOR ALLELE				
Genetic Testing	81189	PA	PA	PA	CSTB GENE FULL GENE SEQUENCE				
Genetic Testing	81190	PA	PA	PA	CSTB GENE KNOWN FAMIL VRNT				

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Genetic Testing	81191	PA	PA	PA	NTRK1 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS				
Genetic Testing	81192	PA	PA	PA	NTRK2 TRANSLOCATION ANALYSIS				
Genetic Testing	81193	PA	PA	PA	NTRK3 (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) (EG, SOLID TUMORS) TRANSLOCATION ANALYSIS				
Genetic Testing	81194	PA	PA	PA	NTRK TRANSLOCATION ANALYSIS				
Genetic Testing	81201	PA	PA	PA	APC GENE FULL SEQUENCE				
Genetic Testing	81202	PA	PA	PA	APC GENE KNOWN FAM VARIANTS				
Genetic Testing	81204	PA	NO	NO	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE OR METHYLATION STATUS)				
Genetic Testing	81212	PA	PA	PA	BRCA1&2 185&5385&6174 VAR				
Genetic Testing	81215	PA	PA	PA	BRCA1 GENE KNOWN FAMIL VRNT				
Genetic Testing	81216	PA	PA	PA	BRCA2 GENE FULL SEQ ALYS				
Genetic Testing	81217	PA	PA	PA	BRCA2 GENE KNOWN FAM VARIANT				
Genetic Testing	81221	PA	PA	PA	CFTR GENE KNOWN FAM VARIANTS				
Genetic Testing	81222	PA	PA	PA	CFTR GENE DUP/DELET VARIANTS				
Genetic Testing	81223	PA	PA	PA	CFTR GENE FULL SEQUENCE				
Genetic Testing	81224	PA	NO	NO	CFTR GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS				
Genetic Testing	81226	PA	PA	PA	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6), GENE ANALYSIS, COMMON VARIANTS				
Genetic Testing	81227	PA	PA	PA	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)				
Genetic Testing	81232	PA	PA	PA	DPYD GENE COMMON VARIANTS				
Genetic Testing	81234	PA	PA	PA	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES				
Genetic Testing	81239	PA	PA	PA	DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)				

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Genetic Testing	81250	PA	PA	PA	G6PC GENE				
Genetic Testing	81260	PA	PA	PA	IKBKAP GENE				
Genetic Testing	81278	PA	NO	NO	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR LYMPHOMA) TRANSLOCATION ANALYSIS, MAJOR BREAKPOINT REGION (MBR) AND MINOR CLUSTER REGION (MCR) BREAKPOINTS, QUALITATIVE OR QUANTITATIVE				
Genetic Testing	81285	PA	NO	NO	FXN GENE ANALYSIS CHARACTERIZATION ALLELES				
Genetic Testing	81286	PA	PA	PA	FXN GENE ANALYSIS FULL GENE SEQUENCE				
Genetic Testing	81287	PA	PA	PA	MGMT GENE METHYLATION ANAL				
Genetic Testing	81288	PA	PA	PA	MLH1 GENE				
Genetic Testing	81289	PA	PA	PA	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)				
Genetic Testing	81293	PA	PA	PA	MLH1 GENE KNOWN VARIANTS				
Genetic Testing	81296	PA	PA	PA	MSH2 GENE KNOWN VARIANTS				
Genetic Testing	81299	PA	PA	PA	MSH6 GENE KNOWN VARIANTS				
Genetic Testing	81306	PA	PA	PA	NUDT15 (NUDIX HYDROLASE 15) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *3, *4, *5, *6)				
Genetic Testing	81309	PA	PA	PA	PIK3CA GENE TRGT SEQ ALYS				
Genetic Testing	81312	PA	PA	PA	PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES				
Genetic Testing	81318	PA	PA	PA	PMS2 KNOWN FAMILIAL VARIANTS				
Genetic Testing	81321	NO	PA	PA	PTEN GENE FULL SEQUENCE				
Genetic Testing	81322	PA	PA	PA	PTEN GENE KNOWN FAM VARIANT				
Genetic Testing	81323	NO	PA	PA	PTEN GENE DUP/DELET VARIANT				
Genetic Testing	81331	NO	PA	PA	SNRPN/UBE3A GENE				
Genetic Testing	81335	PA	PA	PA	TPMT GENE COM VARIANTS				
Genetic Testing	81336	NO	PA	PA	SMN1 GENE FULL GENE SEQUENCE				
Genetic Testing	81337	NO	PA	PA	SMN1 GEN NOWN FAMIL SEQ VRNT				

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Genetic Testing	81338	PA	PA	PA	MPL (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS; COMMON VARIANTS (EG, W515A, W515K, W515L, W515R)				
Genetic Testing	81339	NO	PA	PA	MPL GENE SEQ ALYS EXON 10				
Genetic Testing	81340	NO	PA	PA	TRB@ GENE REARRANGE AMPLIFY				
Genetic Testing	81341	PA	PA	PA	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S); USING DIRECT PROBE METHODOLOGY (EG, SOUTHERN BLOT)				
Genetic Testing	81342	NO	PA	PA	TRG GENE REARRANGEMENT ANAL				
Genetic Testing	81343	NO	PA	PA	PPP2R2B GEN DETC ABNOR ALLEL				
Genetic Testing	81345	NO	PA	PA	TERT GENE TARGETED SEQ ALYS				
Genetic Testing	81351	PA	PA	PA	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; FULL GENE SEQUENCE				
Genetic Testing	81352	PA	PA	PA	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, 4 ONCOLOGY)				
Genetic Testing	81353	PA	PA	PA	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUMENI SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT				
Genetic Testing	81400	PA	PA	PA	MOPATH PROCEDURE LEVEL 1				
Genetic Testing	81401	PA	PA	PA	MOPATH PROCEDURE LEVEL 2				
Genetic Testing	81402	PA	PA	PA	MOPATH PROCEDURE LEVEL 3				
Genetic Testing	81403	PA	PA	PA	MOPATH PROCEDURE LEVEL 4				
Genetic Testing	81404	PA	PA	PA	MOPATH PROCEDURE LEVEL 5				
Genetic Testing	81405	PA	PA	PA	MOPATH PROCEDURE LEVEL 6				
Genetic Testing	81406	PA	PA	PA	MOPATH PROCEDURE LEVEL 7				
Genetic Testing	81407	PA	PA	PA	MOPATH PROCEDURE LEVEL 8				
Genetic Testing	81408	PA	PA	PA	MOPATH PROCEDURE LEVEL 9				
Genetic Testing	81412	PA	PA	PA	ASHKENAZI JEWISH ASSOC DIS				
Genetic Testing	81413	PA	PA	PA	CAR ION CHNNLPATH INC 10 GNS				
Genetic Testing	81414	PA	PA	PA	CAR ION CHNNLPATH INC 2 GNS				
Genetic Testing	81419	PA	PA	PA	EPILEPSY GEN SEQ ALYS PANEL				
Genetic Testing	81432	PA	PA	PA	HRDTRY BRST CA-RLATD DO 5+				
Genetic Testing	81434	PA	PA	PA	HERED RTA DO GEN SEQ 15				

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Genetic Testing	81435	PA	PA	PA	HERED COLON CA-RLATD DO 5+				
Genetic Testing	81445	PA	PA	PA	SO NEO GSAP 5-50DNA/DNA&RNA				
Genetic Testing	81455	PA	PA	PA	SO/HL 51/>GSAP DNA/DNA&RNA				
Genetic Testing	81457	PA	PA	PA	SO NEO GSAP DNA MCRSTL INS				
Genetic Testing	81458	PA	PA	PA	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS, COPY NUMBER VARIANTS AND MICROSATELLITE INSTABILITY				
Genetic Testing	81462	PA	PA	PA	SOLID ORGAN NEOPLASM, GENOMIC SEQUENCE ANALYSIS PANEL, CELL-FREE NUCLEIC ACID (EG, PLASMA), INTERROGATION FOR SEQUENCE VARIANTS; DNA ANALYSIS OR COMBINED DNA AND RNA ANALYSIS, COPY NUMBER VARIANTS AND REARRANGEMENTS				
Genetic Testing	81479	PA	PA	PA	UNLISTED MOLECULAR PATHOLOGY				
Genetic Testing	81500	PA	NO	NO	ONCO (OVAR) TWO PROTEINS				
Genetic Testing	81506	PA	NO	NO	ENDO ASSAY SEVEN ANAL				
Genetic Testing	81508	PA	NO	NO	FTL CGEN ABNOR TWO PROTEINS				
Genetic Testing	81509	PA	NO	NO	FTL CGEN ABNOR 3 PROTEINS				
Genetic Testing	81510	PA	NO	NO	FTL CGEN ABNOR THREE ANAL				
Genetic Testing	81511	PA	NO	NO	FTL CGEN ABNOR FOUR ANAL				
Genetic Testing	81512	PA	NO	NO	FTL CGEN ABNOR FIVE ANAL				
Genetic Testing	81518	PA	PA	PA	ONC BRST MRNA 11 GENES				
Genetic Testing	81519	PA	PA	PA	ONCOLOGY BREAST MRNA				
Genetic Testing	81520	PA	PA	PA	ONC BREAST MRNA 58 GENES				
Genetic Testing	81521	PA	PA	PA	ONC BREAST MRNA 70 GENES				
Genetic Testing	81522	PA	PA	PA	ONC BREAST MRNA 12 GENES				
Genetic Testing	81523	PA	PA	PA	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT METASTASIS				
Genetic Testing	81541	PA	PA	PA	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-				
Genetic Testing	81542	PA	PA	PA	ONC PROSTATE MRNA 22 CNT GEN				

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

NO – No Prior Authorization Required

PA – Prior Authorization

						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	81546	PA	PA	PA	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 10,196 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A CATEGORICAL RESULT (EG, BENIGN OR SUSPICIOUS)				
Genetic Testing	81599	PA	PA	PA	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS				
Genetic Testing	0018U	PA	NO	NO	ONCOLOGY (THYROID), MICRORNA PROFILING BY RT-PCR OF 10 MICRORNA SEQUENCES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A POSITIVE OR NEGATIVE RESULT FOR MODERATE TO HIGH RISK OF MALIGNANCY				
Genetic Testing	0022U	PA	NO	NO	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, NON-SMALL CELL LUNG NEOPLASIA, DNA AND RNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS AND REARRANGEMENTS, REPORTED AS PRESENCE/ABSENCE OF VARIANTS AND ASSOCIATED THERAPY(IES) TO CONSIDER				
Genetic Testing	0034U	PA	NO	NO	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM), GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)				
Genetic Testing	0035U	PA	NO	NO	NEUROLOGY (PRION DISEASE), CEREBROSPINAL FLUID, DETECTION OF PRION PROTEIN BY QUAKING-INDUCED CONFORMATIONAL CONVERSION, QUALITATIVE				
Genetic Testing	0047U	PA	NO	NO	ONCOLOGY (PROSTATE), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 17 GENES (12 CONTENT AND 5 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RISK SCORE				

For more benefit details, please refer to the Evidence of Coverage (EOC).

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	0169U	PA	NO	NO	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE SMETHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS				
Genetic Testing	01772U	PA	NO	NO	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS				
Genetic Testing	0231U	PA	NO	NO	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) GENE EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				
Genetic Testing	0232U	PA	NO	NO	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				
Genetic Testing	0233U	PA	NO	NO	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT (STR) EXPANSIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	0234U	PA	NO	NO	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				
Genetic Testing	0235U	PA	NO	NO	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				
Genetic Testing	0236U	PA	NO	NO	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DUPLICATIONS AND DELETIONS, AND MOBILE ELEMENT INSERTIONS				
Genetic Testing	0237U	PA	NO	NO	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, AND SCN5A, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS, DUPLICATIONS, MOBILE ELEMENT INSERTIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS				

For more benefit details, please refer to the Evidence of Coverage (EOC).

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	0242U	PA	NO	NO	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE CIRCULATING DNA ANALYSIS OF 55-74 GENES, INTERROGATION FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS, AND GENE REARRANGEMENTS				
Genetic Testing	0244U	PA	NO	NO	ONCOLOGY (SOLID ORGAN), DNA, COMPREHENSIVE GENOMIC PROFILING, 257 GENES, INTERROGATION FOR SINGLE-NUCLEOTIDE VARIANTS, INSERTIONS/DELETIONS, COPY NUMBER ALTERATIONS, GENE REARRANGEMENTS, TUMOR-MUTATIONAL BURDEN AND MICROSATELLITE INSTABILITY, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TUMOR TISSUE				
Genetic Testing	0245U	PA	NO	NO	ONCOLOGY (THYROID), MUTATION ANALYSIS OF 10 GENES AND 37 RNA FUSIONS AND EXPRESSION OF 4 MRNA MARKERS USING NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE, REPORT INCLUDES ASSOCIATED RISK OF MALIGNANCY EXPRESSED AS A PERCENTAGE				
Genetic Testing	0268U	PA	NO	NO	HEMATOLOGY (ATYPICAL HEMOLYTIC UREMIC SYNDROME [AHUS]), GENOMIC SEQUENCE ANALYSIS OF 15 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID				
Genetic Testing	0269U	PA	NO	NO	HEMATOLOGY (AUTOSOMAL DOMINANT CONGENITAL THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 14 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID				
Genetic Testing	0276U	PA	NO	NO	HEMATOLOGY (INHERITED THROMBOCYTOPENIA), GENOMIC SEQUENCE ANALYSIS OF 23 GENES, BLOOD, BUCCAL SWAB, OR AMNIOTIC FLUID				

For more benefit details, please refer to the Evidence of Coverage (EOC).

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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PA – Prior Authorization

						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	0286U	PA	NO	NO	CEP72 (CENTROSOMAL PROTEIN, 72-KDA), NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS				
Genetic Testing	0287U	PA	NO	NO	ONCOLOGY (THYROID), DNA AND MRNA, NEXT-GENERATION SEQUENCING ANALYSIS OF 112 GENES, FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE, ALGORITHMIC PREDICTION OF CANCER RECURRENCE, REPORTED AS A CATEGORICAL RISK RESULT (LOW, INTERMEDIATE, HIGH)				
Genetic Testing	0329U	PA	NO	NO	ONCOLOGY [NEOPLASIA], EXOME AND TRANSCRIPTOME SEQUENCE ANALYSIS FOR SEQUENCE VARIANTS, GENE COPY NUMBER AMPLIFICATIONS AND DELETIONS, GENE REARRANGEMENTS, MICROSATELLITE INSTABILITY AND TUMOR MUTATIONAL BURDEN UTILIZING DNA AND RNA FROM TUMOR WITH DNA FROM NORMAL BLOOD OR SALIVA FOR SUBTRACTION, REPORT OF CLINICALLY SIGNIFICANT MUTATION[S] WITH THERAPY ASSOCIATIONS				
Genetic Testing	0471U	PA	NO	NO	ONCOLOGY (COLORECTAL CANCER), QUALITATIVE REAL-TIME PCR OF 35 VARIANTS OF KRAS AND NRAS GENES (EXONS 2, 3, 4), FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE), PREDICTIVE, IDENTIFICATION OF DETECTED MUTATIONS				

For more benefit details, please refer to the Evidence of Coverage (EOC).

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Genetic Testing	0473U	PA	NO	NO	ONCOLOGY (SOLID TUMOR), NEXT-GENERATION SEQUENCING (NGS) OF DNA FROM FORMALIN-FIXED PARAFFIN-EMBEDDED (FFPE) TISSUE WITH COMPARATIVE SEQUENCE ANALYSIS FROM A MATCHED NORMAL SPECIMEN (BLOOD OR SALIVA), 648 GENES, INTERROGATION FOR SEQUENCE VARIANTS, INSERTION AND DELETION ALTERATIONS, COPY NUMBER VARIANTS, REARRANGEMENTS, MICROSATELLITE INSTABILITY, AND TUMOR-MUTATION BURDEN				
Genetic Testing	0475U	PA	NO	NO	HEREDITARY PROSTATE CANCER-RELATED DISORDERS, GENOMIC SEQUENCE ANALYSIS PANEL USING NEXT-GENERATION SEQUENCING (NGS), SANGER SEQUENCING, MULTIPLEX LIGATION-DEPENDENT PROBE AMPLIFICATION (MLPA), AND ARRAY COMPARATIVE GENOMIC HYBRIDIZATION (CGH), EVALUATION OF 23 GENES AND DUPLICATIONS/DELETIONS WHEN INDICATED, PATHOLOGIC MUTATIONS REPORTED WITH A GENETIC RISK SCORE FOR PROSTATE CANCER				
Genetic Testing	0488U	PA	NO	NO	UNITY FETAL ANTIGENTM NIPT, BILLIONTOONE				
Hearing Services	V5010	NCB	PA	PA	ASSESSMENT FOR HEARING AID	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5011	NCB	PA	PA	FITTING/ORIENTATION/CHECKING OF HEARING AID	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	

For more benefit details, please refer to the Evidence of Coverage (EOC).

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Hearing Services	V5014	NCB	PA	PA	REPAIR/MODIFICATION OF A HEARING AID	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5030	NCB	PA	PA	HEAR AID MONAURL BDY WRN AIR CONDUCT	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5040	NCB	PA	PA	HEAR AID MONAURL BDY WORN BN CONDUCT	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5050	NCB	PA	PA	HEARING AID MONAURAL IN THE EAR	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5060	NCB	PA	PA	HEARING AID MONAURAL BEHIND THE EAR	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5120	NCB	PA	PA	BINAURAL BODY	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5130	NCB	PA	PA	BINAURAL IN THE EAR	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Hearing Services	V5140	NCB	PA	PA	BINAURAL BEHIND THE EAR	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5150	NCB	PA	PA	BINAURAL GLASSES	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5171	NCB	PA	PA	HA CONTRALAT RTE DVC MONAURAL ITE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5172	NCB	PA	PA	HA CONTRALAT RTE DVC MONAURAL ICT	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5181	NCB	PA	PA	HA CONTRALAT RTE DVC MONAURAL BTE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5190	NCB	PA	PA	HA CONTRALAT RTE MONAURAL GLASSES	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5211	NCB	PA	PA	HA CONTRALAT RS BINAURAL ITE/ITE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	

For more benefit details, please refer to the Evidence of Coverage (EOC).

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Hearing Services	V5212	NCB	PA	PA	HA CONTRALAT RS BINAURAL ITE/ITE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5213	NCB	PA	PA	HA CONTRA RTE SYS BINAURAL ITE/ITC	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5214	NCB	PA	PA	HA CONTRA ROUT SYS BINAURAL ITE/BTE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5215	NCB	PA	PA	HA CONTRA ROUT SYS BINAURAL ITC/ITC	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5221	NCB	PA	PA	HA CONTRA ROUT SYS BINAURAL ITC/BTE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5230	NCB	PA	PA	HA CONTRALAT RTE SYS BINAUR GLASSES	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5265	NCB	PA	PA	EAR MOLD/INSERT DISPOSABLE ANY TYPE	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	

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ACBH – Carve-Out to Alameda County Behavioral Health Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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PA – Prior Authorization

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Hearing Services	V5267	NCB	PA	PA	HEARING AID/ALD/SUPP/ACCESS NOT OTHERWISE SPEC	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Hearing Services	V5298	NCB	PA	PA	HEARING AID NOC	Supplemental Benefit – Refer to EOC	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	NO PA REQUIRED for hearing aids, if tested for hearing loss and with a prescription. PA REQUIRED for hearing aid rentals and replacements, and batteries for a cochlear implant. NOT COVERED for standard hearing aid batteries.	
Home Health	G0088	PA	PA	PA	P SVC INI V ADM ANT-INF PM H EA 15M				
Home Health	G0089	PA	PA	PA	PROF SVC INI V ADM SUB IMT/OTH INF				
Home Health	G0151	PA	PA	PA	SRVC PT HOM HLTH/HOSPICE EA 15 MIN				
Home Health	G0152	PA	PA	PA	SRVC OT HOM HLTH/HOSPICE EA 15 MIN				
Home Health	G0156	PA	PA	PA	SRVC HH/HOSPICE AIDE EA 15 MIN				
Home Health	G0162	PA	PA	PA	SKILLED SRVC RN M&E POC; EA 15 MINS				
Home Health	G0299	PA	PA	PA	DIR SNS RN HH/HOSPICE SET EA 15 MIN				
Home Health	G0300	PA	PA	PA	DIR SNS LPN HH/HOSPCE SET EA 15 MIN				
Home Health	S5110	PA	PA	PA	HOME CARE TRAINING FAM; PER 15 MIN				
Home Health	S5111	PA	PA	PA	HOME CARE TRAINING FAM; PER SESSION				
Hospice	T2045	NCB	PA	PA	HOSPICE GENERAL INPATIENT CARE PER DIEM	Benefit carved out to Medicare FFS Refer to EOC for more details	NO PA REQUIRED for in-network or out-of-network Continuous Home Care, Inpatient Respite Care, Routine Home Care, or Room and Board (in a nursing facility or intermediate care facility). PA REQUIRED for in-network or out-of-network Hospice General Inpatient Care only.	NO PA REQUIRED for in-network or out-of-network Continuous Home Care, Inpatient Respite Care, Routine Home Care, or Room and Board (in a nursing facility or intermediate care facility). PA REQUIRED for in-network or out-of-network Hospice General Inpatient Care only.	
Imaging/Diagnostic	R0070	PA	PA	PA	TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT				
Imaging/Diagnostic	R0075	PA	PA	PA	TRANS PRTBL XRAY EQP&PERS-TRIP>1 PT				
Imaging/Radiology	70540	PA	PA	PA	MRI ORBIT/FACE/NECK W/O DYE				
Imaging/Radiology	70542	PA	PA	PA	MRI ORBIT/FACE/NECK W/DYE				
Imaging/Radiology	70543	PA	PA	PA	MRI ORBT/FAC/NCK W/O &W/DYE				
Imaging/Radiology	70544	PA	PA	PA	MR ANGIOGRAPHY HEAD W/O DYE				
Imaging/Radiology	70545	PA	PA	PA	MR ANGIOGRAPHY HEAD W/DYE				
Imaging/Radiology	70546	PA	PA	PA	MR ANGIOGRAPH HEAD W/O&W/DYE				
Imaging/Radiology	70547	PA	PA	PA	MR ANGIOGRAPHY NECK W/O DYE				
Imaging/Radiology	70548	PA	PA	PA	MR ANGIOGRAPHY NECK W/DYE				
Imaging/Radiology	70549	PA	PA	PA	MR ANGIOGRAPH NECK W/O&W/DYE				
Imaging/Radiology	70551	PA	PA	PA	MRI BRAIN STEM W/O DYE				

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Imaging/Radiology	70552	PA	PA	PA	MRI BRAIN STEM W/DYE				
Imaging/Radiology	70553	PA	PA	PA	MRI BRAIN STEM W/O & W/DYE				
Imaging/Radiology	70557	PA	PA	PA	MRI BRAIN W/O DYE				
Imaging/Radiology	70558	PA	PA	PA	MRI BRAIN W/DYE				
Imaging/Radiology	70559	PA	PA	PA	MRI BRAIN W/O & W/DYE				
Imaging/Radiology	71550	PA	PA	PA	MRI CHEST W/O DYE				
Imaging/Radiology	71551	PA	PA	PA	MRI CHEST W/DYE				
Imaging/Radiology	71552	PA	PA	PA	MRI CHEST W/O & W/DYE				
Imaging/Radiology	71555	PA	PA	PA	MRI ANGIO CHEST W OR W/O DYE				
Imaging/Radiology	72141	PA	PA	PA	MRI NECK SPINE W/O DYE				
Imaging/Radiology	72142	PA	PA	PA	MRI NECK SPINE W/DYE				
Imaging/Radiology	72146	PA	PA	PA	MRI CHEST SPINE W/O DYE				
Imaging/Radiology	72147	PA	PA	PA	MRI CHEST SPINE W/DYE				
Imaging/Radiology	72148	PA	PA	PA	MRI LUMBAR SPINE W/O DYE				
Imaging/Radiology	72149	PA	PA	PA	MRI LUMBAR SPINE W/DYE				
Imaging/Radiology	72156	PA	PA	PA	MRI NECK SPINE W/O & W/DYE				
Imaging/Radiology	72157	PA	PA	PA	MRI CHEST SPINE W/O & W/DYE				
Imaging/Radiology	72158	PA	PA	PA	MRI LUMBAR SPINE W/O & W/DYE				
Imaging/Radiology	72159	PA	PA	PA	MR ANGIO SPINE W/O&W/DYE				
Imaging/Radiology	72195	PA	PA	PA	MRI PELVIS W/O DYE				
Imaging/Radiology	72196	PA	PA	PA	MRI PELVIS W/DYE				
Imaging/Radiology	72197	PA	PA	PA	MRI PELVIS W/O & W/DYE				
Imaging/Radiology	72198	PA	PA	PA	MR ANGIO PELVIS W/O & W/DYE				
Imaging/Radiology	73225	PA	NO	NO	MR ANGIO UPR EXTR W/O&W/DYE				
Imaging/Radiology	73718	PA	PA	PA	MRI LOWER EXTREMITY W/O DYE				
Imaging/Radiology	73719	PA	PA	PA	MRI LOWER EXTREMITY W/DYE				
Imaging/Radiology	73720	PA	PA	PA	MRI LWR EXTREMITY W/O&W/DYE				
Imaging/Radiology	73721	PA	PA	PA	MRI JNT OF LWR EXTRE W/O DYE				
Imaging/Radiology	73722	PA	PA	PA	MRI JOINT OF LWR EXTR W/DYE				
Imaging/Radiology	73723	PA	PA	PA	MRI JOINT LWR EXTR W/O&W/DYE				
Imaging/Radiology	73725	PA	PA	PA	MR ANG LWR EXT W OR W/O DYE				
Imaging/Radiology	74181	PA	PA	PA	MRI ABDOMEN W/O DYE				
Imaging/Radiology	74182	PA	PA	PA	MRI ABDOMEN W/DYE				
Imaging/Radiology	74183	PA	PA	PA	MRI ABDOMEN W/O & W/DYE				
Imaging/Radiology	74185	PA	PA	PA	MRA ABD W OR W/O CNTRST				
Imaging/Radiology	74712	PA	PA	PA	MRI FETAL SNGL/1ST GESTATION				
Imaging/Radiology	74713	PA	PA	PA	MRI FETAL EA ADDL GESTATION				
Imaging/Radiology	75557	PA	NO	NO	CARDIAC MRI FOR MORPH				
Imaging/Radiology	75559	PA	NO	NO	CARDIAC MRI W/STRESS IMG				
Imaging/Radiology	75561	PA	PA	PA	CARDIAC MRI FOR MORPH W/DYE				
Imaging/Radiology	75565	PA	PA	PA	CARD MRI VELOC FLOW MAPPING				

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Imaging/Radiology	75571	PA	PA	PA	CT HRT W/O DYE W/CA TEST				
Imaging/Radiology	75572	PA	PA	PA	CT HRT W/3D IMAGE				
Imaging/Radiology	75573	PA	PA	PA	CT HRT W/3D IMAGE CONGEN				
Imaging/Radiology	75574	PA	PA	PA	CT ANGIO HRT W/3D IMAGE				
Imaging/Radiology	76391	PA	PA	PA	MR ELASTOGRAPHY				
Imaging/Radiology	76496	PA	PA	PA	FLUOROSCOPIC PROCEDURE				
Imaging/Radiology	76497	PA	PA	PA	CT PROCEDURE				
Imaging/Radiology	76498	PA	PA	PA	UNLISTED MR PROCEDURE				
Imaging/Radiology	76499	PA	PA	PA	RADIOGRAPHIC PROCEDURE				
Imaging/Radiology	77046	PA	PA	PA	MRI BREAST C- UNILATERAL				
Imaging/Radiology	77047	PA	PA	PA	MRI BREAST C- BILATERAL				
Imaging/Radiology	77048	PA	PA	PA	MRI BREAST C-+ W/CAD UNI				
Imaging/Radiology	77049	PA	PA	PA	MRI BREAST C-+ W/CAD BI				
Imaging/Radiology	77600	PA	PA	PA	HYPERTHERMIA TREATMENT				
Imaging/Radiology	77610	PA	PA	PA	HYPERTHERMIA TREATMENT				
Imaging/Radiology	77615	PA	PA	PA	HYPERTHERMIA TREATMENT				
Imaging/Radiology	78429	PA	PA	PA	MYOCDR IMG PET 1 STD W/CT				
Imaging/Radiology	78430	PA	PA	PA	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY				
Imaging/Radiology	78431	PA	PA	PA	MYOCDR IMG PET RST&STRS CT				
Imaging/Radiology	78432	PA	PA	PA	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY				
Imaging/Radiology	78433	PA	PA	PA	MYOCDR IMG PET 2RTRACER CT				
Imaging/Radiology	78434	PA	PA	PA	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET)				
Imaging/Radiology	78459	PA	PA	PA	MYOCDR IMG PET SINGLE STUDY				
Imaging/Radiology	78608	PA	PA	PA	BRAIN IMAGING (PET)				
Imaging/Radiology	78609	PA	PA	PA	BRAIN IMAGING (PET)				
Imaging/Radiology	78811	PA	PA	PA	PET IMAGE LTD AREA				
Imaging/Radiology	78812	PA	PA	PA	PET IMAGE SKULL-THIGH				
Imaging/Radiology	78813	PA	PA	PA	PET IMAGE FULL BODY				
Imaging/Radiology	78814	PA	PA	PA	PET IMAGE W/CT LMTD				
Imaging/Radiology	78815	PA	PA	PA	PET IMAGE W/CT SKULL-THIGH				
Imaging/Radiology	78816	PA	PA	PA	PET IMAGE W/CT FULL BODY				
Imaging/Radiology	78831	PA	PA	PA	RP LOCLZJ TUM SPECT 2 AREAS				
Imaging/Radiology	78832	PA	PA	PA	RP LOCLZJ TUM SPECT W/CT 2				
Imaging/Radiology	78835	PA	PA	PA	RP QUAN MEAS SINGLE AREA				

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Imaging/Radiology	A9513	PA	PA	PA	LUTETIUM LU 177 DOTATATE				
Imaging/Radiology	A9543	PA	PA	PA	IBRITUMOMAB TIUXETAN				
Imaging/Radiology	A9604	PA	PA	PA	SAMARIUM SM-153 LEXIDRONAM				
Imaging/Radiology	A9606	PA	PA	PA	RADIUM RA 223 DICHLORIDE				
Infusion Service	96379	PA	PA	PA	UNL THER/PROP/DIAG INJ/INF				
Orthotics & Prosthetics	S1040	PA	PA	PA	CRANIAL REMOLD ORTHOT PED CUST FAB				
Orthotics & Prosthetics	L1001	PA	NO	NO	CTLS IMMOBILIZER INFANT SZ PREFAB				
Orthotics & Prosthetics	L2005	PA	PA	PA	KAFO ANY MATL AUTO RLS ANK JNT CSTM				
Orthotics & Prosthetics	L2006	PA	PA	PA	KAF DVC ANY MATERIAL ADJ CUSTOM FAB				
Orthotics & Prosthetics	L2232	PA	PA	PA	ADD LOW EXT ORTHOS ROCKR BOTTM CSTM				
Orthotics & Prosthetics	L3160	PA	PA	PA	FOOT ADJUSTBL SHOE-STYLD PSTN DEVC				
Orthotics & Prosthetics	L5782	PA	PA	PA	ADD LW LIMB PROS LIMB MGMT HVY DUTY				
Orthotics & Prosthetics	L5785	PA	PA	PA	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE (BK), ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)				
Orthotics & Prosthetics	L6611	PA	PA	PA	ADD UP EXT PROS EXT PWR ADD SWITCH				
Orthotics & Prosthetics	L6624	PA	PA	PA	UP EXT ADD FLX/EXT ROT WRIST UNIT				
Orthotics & Prosthetics	L6694	PA	PA	PA	ADD UP EXT PROS CSTM W/LOCK MECH				
Orthotics & Prosthetics	L6695	PA	PA	PA	ADD UP EXT PROS CSTM W/O LOCK MECH				
Orthotics & Prosthetics	L6696	PA	PA	PA	ADD UP EXT PROS CNGN/TRAUMAT AMP				
Orthotics & Prosthetics	L6697	PA	PA	PA	ADD UP EXT PROS NOT CNGN/TRAUM AMP				
Orthotics & Prosthetics	L6698	PA	PA	PA	ADD UP EXT PROS LOCK MECH EXC INSRT				
Orthotics & Prosthetics	L6882	PA	PA	PA	MICRPROCSS CNTRL ADD UP LIMB PROSTH				
Orthotics & Prosthetics	L7181	PA	NO	NO	ELEC ELB SIMULTAN CNTRL ELB&TRM DEV				
Orthotics & Prosthetics	L8000	PA	PA	PA	BREAST PROS MAST BRA NO INTEG FORM				
Orthotics & Prosthetics	L8001	PA	PA	PA	BREAST PROS MAST BRA INTEG FORM UNI				
Orthotics & Prosthetics	L8002	PA	PA	PA	BREAST PROS MAST BRA INTEG FORM BIL				
Orthotics & Prosthetics	L8500	PA	PA	PA	ARTIFICIAL LARYNX ANY TYPE				
Orthotics & Prosthetics	L8505	PA	PA	PA	ARTFICL LARYNX REPLCMT BATTERY/ACSS				
Orthotics & Prosthetics	L8507	PA	PA	PA	TRACHEO-ESOPH VOICE PROSTH PT INSRT				
Orthotics & Prosthetics	L8614	PA	PA	PA	COCHLEAR DEVC INCL INT&EXT COMPNENT				
Orthotics & Prosthetics	L8615	PA	PA	PA	HEADSET/HEADPIECE COCHLR IMPL REPL				
Orthotics & Prosthetics	L8616	PA	PA	PA	MICROPHONE COCHLEAR IMPL DEVC REPL				
Orthotics & Prosthetics	L8617	PA	PA	PA	TRNSMTTING COIL COCHLEAR IMPL REPL				
Orthotics & Prosthetics	L8618	PA	PA	PA	TX CBL U CI/AUD OSSEOINTG DVC REPL				

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Orthotics & Prosthetics	L8619	PA	PA	PA	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT				
Orthotics & Prosthetics	L8621	PA	PA	PA	ZUBC AIR BA CI & AUD SD PRC RPL E				
Orthotics & Prosthetics	L8622	PA	PA	PA	ALKALIN BATT COCHLR IMPL ANY SZ RPL				
Orthotics & Prosthetics	L8623	PA	PA	PA	LITH ION BATT NOT EAR LEVEL REPL EA				
Orthotics & Prosthetics	L8624	PA	PA	PA	LIB CI/AO DVC SP EAR LEVEL REPL EA				
Orthotics & Prosthetics	L8625	PA	PA	PA	EXT RECHRG BATT CI/AO DEVC REPL EA				
Orthotics & Prosthetics	L8627	PA	PA	PA	COCHLEAR IMPL EXT PROCSSR CMPNT RPL				
Orthotics & Prosthetics	L8628	PA	PA	PA	COCHLR IMPL EXT CONTRLLR CMPNT REPL				
Orthotics & Prosthetics	L8629	PA	PA	PA	TRANSMIT COIL CABLE COCHLR DEV RPL				
Orthotics & Prosthetics	L8680	PA	PA	PA	IMPL NEUROSTIMULATOR ELECTRODE EA				
Orthotics & Prosthetics	L8681	PA	PA	PA	PT PROG IMPL NEUROSTM PLSE GEN REPL				
Orthotics & Prosthetics	L8682	PA	PA	PA	IMPL NEUROSTIMULATOR RADIOFREQ RECV				
Orthotics & Prosthetics	L8683	PA	PA	PA	RF TRNSMT W/IMPL NEUROSTIM RF RECV				
Orthotics & Prosthetics	L8685	PA	PA	PA	IMPL NEUROSTIM 1 ARRAY RECHARGEABLE				
Orthotics & Prosthetics	L8686	PA	PA	PA	IMPL NEUROSTIM 1 ARRAY NON-RECHARGE				
Orthotics & Prosthetics	L8687	PA	PA	PA	IMPL NEUROSTIM 2 ARRAY RECHARGEABLE				
Orthotics & Prosthetics	L8688	PA	PA	PA	IMPL NEUROSTIM 2 ARRAY NON-RECHARGE				
Orthotics & Prosthetics	L8689	PA	PA	PA	EXT RECHARG SYS IMPL NEUROSTIM REPL				
Orthotics & Prosthetics	L8690	PA	NO	NO	AUDITORY OSSEOINTEGRD INT/EXT COMP				
Orthotics & Prosthetics	L8691	PA	NO	NO	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, EXCLUDES TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH				
Orthotics & Prosthetics	L8692	PA	NO	NO	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINTEGRATION, BODY WORN, INCLUDES HEADBAND OR OTHER MEANS OF EXTERNAL ATTACHMENT				
Orthotics & Prosthetics	L8693	PA	NO	NO	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY				

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Orthotics & Prosthetics	L8694	PA	NO	NO	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH				
Orthotics & Prosthetics	L8695	PA	PA	PA	EXT RECHARG SYS IMPL NEUROSTIM REPL				
Orthotics & Prosthetics	L8696	PA	PA	PA	ANT FOR IMPL DIA/PN ST DEV REPL EA				
Orthotics & Prosthetics	L8699	PA	PA	PA	PROSTHETIC IMPLANT NOS				
Orthotics & Prosthetics	V2361	PA	PA	PA	IRIS SUPPORT INTRAOCLR LENS				
Orthotics & Prosthetics	V2623	PA	PA	PA	PROSTHETIC EYE PLASTIC CUSTOM				
Orthotics & Prosthetics	V2625	PA	PA	PA	ENLARGEMENT OF OCULAR PROSTHESIS				
Orthotics & Prosthetics	V2626	PA	PA	PA	REDUCTION OF OCULAR PROSTHESIS				
Orthotics & Prosthetics	V2627	PA	PA	PA	SCLERAL COVER SHELL				
Orthotics & Prosthetics	V2628	PA	PA	PA	FABRICATION&FIT OCULAR CONFORMER				
Orthotics & Prosthetics	V2629	PA	PA	PA	PROSTHETIC EYE OTHER TYPE				
Rehabilitation	92523	PA	NO	NO	SPEECH SOUND LANG COMPREHEN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97012	PA	PA	PA	MECHANICAL TRACTION THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97014	PA	PA	PA	ELECTRIC STIMULATION THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Rehabilitation	97016	PA	PA	PA	VASOPNEUMATIC DEVICE THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97018	PA	PA	PA	PARAFFIN BATH THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97022	PA	PA	PA	WHIRLPOOL THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97024	PA	PA	PA	DIATHERMY EG MICROWAVE		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97026	PA	PA	PA	INFRARED THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Rehabilitation	97028	PA	PA	PA	ULTRAVIOLET THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97032	PA	PA	PA	APPL MODALITY 1+ESTIM EA 15		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97033	PA	PA	PA	ELECTRIC CURRENT THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97034	PA	PA	PA	CONTRAST BATH THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97035	PA	PA	PA	ULTRASOUND THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Rehabilitation	97036	PA	PA	PA	HYDROTHERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97039	PA	PA	PA	UNLISTED MODALITY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97110	PA	PA	PA	THERAPEUTIC EXERCISES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97112	PA	PA	PA	NEUROMUSCULAR REEDUCATION		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97113	PA	PA	PA	AQUATIC THERAPY/EXERCISES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Rehabilitation	97116	PA	PA	PA	GAIT TRAINING THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97124	PA	PA	PA	MASSAGE THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97129	PA	PA	PA	THER IVNTJ 1ST 15 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97130	PA	PA	PA	THER IVNTJ EA ADDL 15 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97139	PA	PA	PA	UNLISTED THERAPEUTIC PX		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Rehabilitation	97140	PA	PA	PA	MANUAL THERAPY 1/> REGIONS		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97163	PA	NO	NO	PT EVAL HIGH COMPLEX 45 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97530	PA	PA	PA	THERAPEUTIC ACTIVITIES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97533	PA	PA	PA	PT RE-EVAL EST PLAN CARE		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	97750	PA	PA	PA	PHYSICAL PERFORMANCE TEST				
Rehabilitation	97799	PA	PA	PA	PHYSICAL MEDICINE PROCEDURE				

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Rehabilitation	X3900	NCB	PA	PA	SINGLE MOD 1 AREA INIT 30 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3902	NCB	PA	PA	SINGLE MOD 1 AREA EA.ADD 15 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3904	NCB	PA	PA	SINGLE PROC 1 AREA INITIAL 30 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3906	NCB	PA	PA	SINGLE PROC 1 AREA EA. ADD 15 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3908	NCB	PA	PA	TREAT INCLUD COMB ANY MODS & PROCS		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Rehabilitation	X3910	NCB	PA	PA	TREAT INCLUD COMB ANY MODS & PROCS		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3912	NCB	PA	PA	HUBBARD TANK INITIAL 30 MINUTES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3914	NCB	PA	PA	HUBBARD TANK – EACH ADDITIONAL 15 MINUTES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3916	NCB	PA	PA	PHYSICAL THERAPY		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3918	NCB	PA	PA	HUBBARD TNK OR POOL TX W/EXER 15 MI		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Rehabilitation	X3920	NCB	PA	PA	ANY TSTS & MEASURES INIT 30 MIN REP		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3922	NCB	PA	PA	ANY TSTS & MEASURES ADD 15 MIN REP		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3924	NCB	PA	PA	PHYSL TX PRELIM EVAL REHAB,SNF, ICF		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X3936	NCB	PA	PA	UNLISTED SERVICES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4100	NCB	PA	PA	EVAL INIT 30 MIN PLUS RPT		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Rehabilitation	X4102	NCB	PA	PA	EVAL EA. ADD 15 MIN PLUS RPT		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4104	NCB	PA	PA	CASE CONF AND RPT INIT 30 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4106	NCB	PA	PA	CASE CONF AND RPT EA.ADDIT 15 MIN		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4108	NCB	PA	PA	OT TX PRELIM EVAL REHAB,NF-B, NF-A		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4110	NCB	PA	PA	TREATMENT INITIAL 30 MINUTES		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	

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Rehabilitation	X4112	NCB	PA	PA	TREATMENT EACH ADDITIONAL 15 MINUTE		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4114	NCB	PA	PA	HOME OR LTC FACILITY VISIT		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4118	NCB	PA	PA	UNLISTED SERVICE99241		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4120	NCB	PA	PA	CASE CONSULTATION AND REPORT		Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	Outpatient Therapy (Speech Therapy, Occupational Therapy, Physical Therapy) 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 Pervasive Developmental Disorder. Treatment plans will be reviewed every six (6) months.	
Rehabilitation	X4310	PA	NO	NO	SPEECH GENERATING DEVICE (SGD) – RELATED BUNDLED SPEECH THERAPY SERVICES, PER VISIT				
Rehabilitation	X4312	PA	NO	NO	SPEECH GENERATING DEVICE (SGD) RECIPIENT ASSESSMENT				
Rehabilitation	Z5499	PA	NO	NO	UNLISTED SERVICE & PROCEDURES				

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Rehabilitation	G0422	PA	PA	PA	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION				
Rehabilitation	G0423	PA	PA	PA	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION				
Sleep Study	95822	PA	PA	PA	POLYSOM 6/>YRS CPAP 4/> PARM				
Specialist Referrals	99600	PA	PA	PA	HOME VISIT NOS		PA REQUIRED for in-network wound care centers, lymphedema specialty care, and podiatry. NO PA REQUIRED for all other in-network specialists. PA REQUIRED for any out-of-network specialist referral.	PA REQUIRED for in-network wound care centers, lymphedema specialty care, and podiatry. NO PA REQUIRED for all other in-network specialists. PA REQUIRED for any out-of-network specialist referral.	
Specialty Surgery	11960	PA	PA	PA	INSERT TISSUE EXPANDER(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	11970	PA	PA	PA	RPLCMT TISS XPNDR PERM IMPLT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	11971	PA	PA	PA	RMVL TIS XPNDR WO INSJ IMPLT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15769	PA	PA	PA	GRFG AUTOL SOFT TISS DIR EXC		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15771	PA	PA	PA	GRFG AUTOL FAT LIPO 50 CC/<		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15772	PA	PA	PA	GRFG AUTOL FAT LIPO EA ADDL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15773	PA	PA	PA	GRFG AUTOL FAT LIPO 25 CC/<		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15774	PA	PA	PA	GFRG AUTOL FAT LIPO EA ADDL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15780	PA	PA	PA	DERMABRASION; TOTAL FACE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15781	PA	PA	PA	DERMABRASION SEGMENTAL FACE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15782	PA	PA	PA	DERMABRASION; REGIONAL, OTHER THAN FACE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15788	PA	PA	PA	CHEMICAL PEEL FACIAL EPIDRM		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15789	PA	PA	PA	CHEMICAL PEEL, FACIAL; DERMAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15792	PA	PA	PA	CHEMICAL PEEL, NONFACIAL; EPIDERMAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15793	PA	PA	PA	CHEMICAL PEEL, NONFACIAL; DERMAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15820	PA	PA	PA	BLEPHAROPLASTY LOWER EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15821	PA	PA	PA	BLEPHAROPLASTY, LOWER EYELID; HERNIATED FAT PAD		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15822	PA	PA	PA	BLEPHAROPLASTY UPPER EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15823	PA	PA	PA	BLEPHARP UPR EYELID XCSV SKN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15840	PA	PA	PA	NERVE PALSY FASCIAL GRAFT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15841	PA	PA	PA	NERVE PALSY MUSCLE GRAFT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15842	PA	PA	PA	NERVE PALSY MICROSURG GRAFT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	15845	PA	PA	PA	SKIN AND MUSCLE REPAIR FACE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17311	PA	PA	PA	MOHS 1 STAGE H/N/HF/G		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	17312	PA	PA	PA	MOHS ADDL STAGE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17313	PA	PA	PA	MOHS 1 STAGE T/A/L		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17314	PA	PA	PA	MOHS ADDL STAGE T/A/L		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17315	PA	PA	PA	MOHS SURG ADDL BLOCK		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17340	PA	PA	PA	CRYOTHERAPY OF SKIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17360	PA	PA	PA	SKIN PEEL THERAPY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	17999	PA	PA	PA	UNLISTD PX SKN MUC MEMB SUBQ		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19300	PA	PA	PA	MASTECTOMY FOR GYNECOMASTIA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19301	PA	PA	PA	PARTIAL MASTECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19302	PA	PA	PA	P-MASTECTOMY W/LN REMOVAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19303	PA	PA	PA	MAST SIMPLE COMPLETE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19305	PA	PA	PA	MASTECTOMY, RADICAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19306	PA	PA	PA	MASTECTOMY, RADICAL, URBAN TYPE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19307	PA	PA	PA	MAST MOD RAD		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19316	PA	PA	PA	MASTOPEXY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19318	PA	PA	PA	BREAST REDUCTION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19325	PA	PA	PA	BREAST AUGMENTATION W/IMPLT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19328	PA	PA	PA	RMVL INTACT BREAST IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19330	PA	PA	PA	RMVL RUPTURED BREAST IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19340	PA	PA	PA	INSJ BREAST IMPLT SM D MAST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19342	PA	PA	PA	INSJ/RPLCMT BRST IMPLT SEP D		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19350	PA	PA	PA	NIPPLE/AREOLA RECONSTRUCTION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19357	PA	PA	PA	TISS XPNDR PLMT BRST RCNSTJ		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19361	PA	PA	PA	BRST RCNSTJ LATSMS DRSI FLAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19364	PA	PA	PA	BRST RCNSTJ FREE FLAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19367	PA	PA	PA	BRST RCNSTJ 1 PDCL TRAM FLAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19368	PA	PA	PA	BRST RCNSTJ 1PDCL TRAM ANAST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19369	PA	PA	PA	BRST RCNSTJ 2 PDCL TRAM FLAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19370	PA	PA	PA	REVJ PERI-IMPLT CAPSULE BRST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19371	PA	PA	PA	PERI-IMPLT CAPSLC BRST COMPL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19380	PA	PA	PA	REVJ RECONSTRUCTED BREAST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19396	PA	PA	PA	DESIGN CUSTOM BREAST IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	19499	PA	PA	PA	UNLISTED PROCEDURE BREAST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	20999	PA	PA	PA	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21010	PA	PA	PA	ARTHROTOMY, TEMPOROMANDIBULAR JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21050	PA	PA	PA	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21060	PA	PA	PA	MENISCECTOMY, TEMPOROMANDIBULAR JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	21070	PA	PA	PA	CORONOIDECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21073	PA	PA	PA	MNPJ OF TMJ W/ANESTH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21299	PA	PA	PA	UNLISTED CRANFCL&MAXLFCL PX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21499	PA	PA	PA	UNLISTED MUSCSKEL PX HEAD		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21685	PA	PA	PA	HYOID MYOTOMY & SUSPENSION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21700	PA	PA	PA	DIVISION, SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21705	PA	PA	PA	DIVISION, SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21720	PA	PA	PA	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITHOUT CAST APPLICATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21725	PA	PA	PA	DIVISION, STERNOCLEIDOMASTOID FOR TORTICOLLIS; WITH CAST APPLICATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21740	PA	PA	PA	RECONSTRUCTIVE REPAIR, PECTUS EXCAVATUM OR CARINATUM; OPEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21742	PA	PA	PA	REPAIR STERN/NUSS W/O SCOPE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21743	PA	PA	PA	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH THORACOSCOPY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	21899	PA	PA	PA	UNLISTED PROCEDURE, NECK OR THORAX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22510	PA	PA	PA	PERQ CERVICOTHORACIC INJECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22511	PA	PA	PA	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; LUMBOSACRAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22512	PA	PA	PA	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY; EACH ADDITIONAL CERVICOTHORACIC OR LUMBOSACRAL VERTEBRAL BODY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22513	PA	PA	PA	PERQ VERTEBRAL AUGMENTATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22514	PA	PA	PA	PERQ VERTEBRAL AUGMENTATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22515	PA	PA	PA	PERQ VERTEBRAL AUGMENTATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22586	PA	NO	NO	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, WITH POSTERIOR INSTRUMENTATION, WITH IMAGE GUIDANCE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22858	PA	NO	NO	TOT DISC ARTHRP 2ND LVL CRV		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22899	PA	PA	PA	UNLISTED PROCEDURE SPINE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	22999	PA	PA	PA	UNLISTED PX ABDOMEN MUSCSKEL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	23000	PA	PA	PA	REMOVAL OF CALCIUM DEPOSITS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	23470	PA	PA	PA	RECONSTRUCT SHOULDER JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	23472	PA	PA	PA	RECONSTRUCT SHOULDER JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	23473	PA	PA	PA	REVIS RECONST SHOULDER JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	23474	PA	PA	PA	REVIS RECONST SHOULDER JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	23929	PA	PA	PA	UNLISTED PROCEDURE SHOULDER		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	24105	PA	PA	PA	REMOVAL OF ELBOW BURSA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	24999	PA	PA	PA	UPPER ARM/ELBOW SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	25999	PA	PA	PA	FOREARM OR WRIST SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27130	PA	PA	PA	TOTAL HIP ARTHROPLASTY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27132	PA	PA	PA	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27134	PA	PA	PA	REVISE HIP JOINT REPLACEMENT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27137	PA	PA	PA	REVISE HIP JOINT REPLACEMENT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27138	PA	PA	PA	REVISE HIP JOINT REPLACEMENT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27279	PA	PA	PA	ARTHRODESIS SACROILIAC JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27418	PA	PA	PA	REPAIR DEGENERATED KNEECAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27420	PA	PA	PA	REVISION OF UNSTABLE KNEECAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27422	PA	PA	PA	REVISION OF UNSTABLE KNEECAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27424	PA	PA	PA	REVISION/REMOVAL OF KNEECAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27425	PA	PA	PA	LAT RETINACULAR RELEASE OPEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27427	PA	PA	PA	RECONSTRUCTION KNEE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27428	PA	PA	PA	RECONSTRUCTION KNEE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27429	PA	PA	PA	RECONSTRUCTION KNEE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27437	PA	PA	PA	REVISE KNEECAP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27438	PA	PA	PA	REVISE KNEECAP WITH IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27440	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27441	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27442	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27443	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27445	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27446	PA	PA	PA	REVISION OF KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27447	PA	PA	PA	TOTAL KNEE ARTHROPLASTY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27486	PA	PA	PA	REVISE/REPLACE KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27487	PA	PA	PA	REVISE/REPLACE KNEE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27599	PA	PA	PA	UNLISTED PX FEMUR/KNEE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27700	PA	PA	PA	REVISION OF ANKLE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27702	PA	PA	PA	RECONSTRUCT ANKLE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	27703	PA	PA	PA	RECONSTRUCTION ANKLE JOINT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28285	PA	PA	PA	REPAIR OF HAMMERTOES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28286	PA	PA	PA	REPAIR OF HAMMERTOES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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Specialty Surgery	28288	PA	PA	PA	PARTIAL REMOVAL OF FOOT BONE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28289	PA	PA	PA	CORRJ HALUX RIGDUS W/O IMPLT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28292	PA	PA	PA	CORRECTION HALLUX VALGUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28297	PA	PA	PA	CORRECTION HALLUX VALGUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28298	PA	PA	PA	CORRECTION HALLUX VALGUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28299	PA	PA	PA	CORRECTION HALLUX VALGUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28306	PA	PA	PA	INCISION OF METATARSAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28308	PA	PA	PA	INCISION OF METATARSAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28309	PA	PA	PA	INCISION OF METATARSALS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28310	PA	PA	PA	REVISION OF BIG TOE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28312	PA	PA	PA	REVISION OF TOE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28313	PA	PA	PA	REPAIR DEFORMITY OF TOE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28315	PA	PA	PA	REMOVAL OF SESAMOID BONE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28340	PA	PA	PA	RESECT ENLARGED TOE TISSUE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28341	PA	PA	PA	RESECT ENLARGED TOE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28344	PA	PA	PA	REPAIR EXTRA TOE(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28345	PA	PA	PA	REPAIR WEBBED TOE(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28360	PA	PA	PA	RECONSTRUCT CLEFT FOOT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	28899	PA	PA	PA	FOOT/TOES SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	29800	PA	PA	PA	JAW ARTHROSCOPY/SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	29804	PA	PA	PA	JAW ARTHROSCOPY/SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30130	PA	PA	PA	EXCISE INFERIOR TURBINATE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30140	PA	PA	PA	RESECT INFERIOR TURBINATE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30220	PA	PA	PA	INSERTION NASAL SEPTAL PROSTHESIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30400	PA	PA	PA	RECONSTRUCTION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30410	PA	PA	PA	RECONSTRUCTION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30420	PA	PA	PA	RECONSTRUCTION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30430	PA	PA	PA	REVISION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30435	PA	PA	PA	REVISION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30450	PA	PA	PA	REVISION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30460	PA	PA	PA	REVISION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30462	PA	PA	PA	REVISION OF NOSE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30465	PA	PA	PA	REPAIR NASAL STENOSIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30520	PA	PA	PA	REPAIR OF NASAL SEPTUM		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	30999	PA	PA	PA	NASAL SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31051	PA	PA	PA	SPHENOID SINUS SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31080	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31081	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31084	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31085	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31086	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	31087	PA	PA	PA	REMOVAL OF FRONTAL SINUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	31299	PA	PA	PA	SINUS SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33517	PA	PA	PA	CABG ARTERY-VEIN SINGLE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33518	PA	PA	PA	CABG ARTERY-VEIN TWO		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33519	PA	PA	PA	CABG ARTERY-VEIN THREE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33521	PA	PA	PA	CABG ARTERY-VEIN FOUR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33522	PA	PA	PA	CABG ARTERY-VEIN FIVE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33523	PA	PA	PA	CABG ART-VEIN SIX OR MORE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33533	PA	PA	PA	CABG ARTERIAL SINGLE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33534	PA	PA	PA	CABG ARTERIAL TWO		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33535	PA	PA	PA	CABG ARTERIAL THREE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33536	PA	PA	PA	CABG ARTERIAL FOUR OR MORE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33946	PA	PA	PA	ECMO/ECLS INITIATION VENOUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33947	PA	PA	PA	ECMO/ECLS INITIATION ARTERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	33999	PA	PA	PA	CARDIAC SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36260	PA	PA	PA	INSERTION OF INFUSION PUMP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36473	PA	PA	PA	ENDOVENOUS MCHNCHEM 1ST VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36474	PA	PA	PA	ENDOVENOUS MCHNCHEM ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36475	PA	PA	PA	ENDOVENOUS RF 1ST VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36476	PA	PA	PA	ENDOVENOUS RF VEIN ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36478	PA	PA	PA	ENDOVENOUS LASER 1ST VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36479	PA	PA	PA	ENDOVENOUS ABLATION, LASER SUBSEQUENT VEIN(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36511	PA	PA	PA	VASCULAR ENDOSCOPY WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36512	PA	PA	PA	UNLISTED VASCULAR ENDOSCOPY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36513	PA	PA	PA	LIGATION/DIVISION LONG SAPHENOUS VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36514	PA	PA	PA	LIGATION, DIVISION AND STRIPPING, SHORT SAPHENOUS VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36516	PA	PA	PA	LIGATION, DIVISION AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	36522	PA	PA	PA	LIGATION/DIVISION/STRIPPING SAPHENOUS VEINS, WITH EXCISION OF DEEP FASCIA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37760	PA	NO	NO	LIGATION OF PERFORATOR VEINS, OPEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37761	PA	NO	NO	LIGATE LEG VEINS OPEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37765	PA	NO	NO	STAB PHLEB VEINS XTR 10-21		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37766	PA	NO	NO	PHLEB VEINS - EXTREM 20+		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	37780	PA	NO	NO	LIGATION/DIVISION SHORT SAPHENOUS VEIN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37785	PA	NO	NO	LIGATION/DIVISION VARICOSE VEINS, ONE LEG		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	37799	PA	PA	PA	UNLISTED PX VASCULAR SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	38129	PA	NO	NO	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	38230	PA	PA	PA	BONE MARROW HARVEST ALLOGEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	38232	PA	PA	PA	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	38243	PA	PA	PA	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42140	PA	PA	PA	EXCISION OF UVULA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42145	PA	PA	PA	REPAIR PALATE PHARYNX/UVULA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42820	PA	PA	PA	REMOVE TONSILS AND ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42821	PA	PA	PA	REMOVE TONSILS AND ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42825	PA	PA	PA	REMOVAL OF TONSILS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42826	PA	PA	PA	REMOVAL OF TONSILS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42830	PA	PA	PA	REMOVAL OF ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42831	PA	PA	PA	REMOVAL OF ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42835	PA	PA	PA	REMOVAL OF ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	42836	PA	PA	PA	REMOVAL OF ADENOIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43290	PA	NO	NO	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DEPLOYMENT OF INTRAGASTRIC BARIATRIC BALLOON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43644	PA	PA	PA	LAP GASTRIC BYPASS/ROUX-EN-Y		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43659	PA	PA	PA	UNLISTED LAPS PX STOMACH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43770	PA	NO	NO	LAP PLACE GASTR ADJ DEVICE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43772	PA	NO	NO	LAP RMVL GASTR ADJ DEVICE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43774	PA	NO	NO	LAP RMVL GASTR ADJ ALL PARTS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43775	PA	PA	PA	LAP SLEEVE GASTRECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43842	PA	PA	PA	V-BAND GASTROPLASTY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43843	PA	PA	PA	GASTROPLASTY W/O V-BAND		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43845	PA	PA	PA	GASTROPLASTY DUODENAL SWITCH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43846	PA	PA	PA	GASTRIC BYPASS FOR OBESITY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43847	PA	PA	PA	GASTRIC BYPASS INCL SMALL I		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43848	PA	PA	PA	REVISION GASTROPLASTY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43886	PA	PA	PA	REVISE GASTRIC PORT OPEN		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	43999	PA	PA	PA	UNLISTED PROCEDURE STOMACH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	44135	PA	NO	NO	INTESTINE TRANSPLNT CADAVER		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	44799	PA	PA	PA	UNLISTED PX SMALL INTESTINE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	46999	PA	PA	PA	ANUS SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	47399	PA	PA	PA	LIVER SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	47999	PA	PA	PA	BILE TRACT SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	48554	PA	PA	PA	TRANSPL ALLOGRAFT PANCREAS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	48556	PA	PA	PA	REMOVAL ALLOGRAFT PANCREAS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	48999	PA	PA	PA	UNLISTED PROCEDURE PANCREAS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	50320	PA	PA	PA	REMOVE KIDNEY LIVING DONOR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	50340	PA	PA	PA	REMOVAL OF KIDNEY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	50360	PA	PA	PA	RNL ALTRNSPLJ W/O RCP NFRCT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	50380	PA	PA	PA	REIMPLANTATION OF KIDNEY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	50540	PA	PA	PA	REVISION OF HORSESHOE KIDNEY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52601	PA	PA	PA	PROSTATECTOMY (TURP)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52630	PA	PA	PA	REMOVE PROSTATE REGROWTH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52640	PA	PA	PA	RELIEVE BLADDER CONTRACTURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52647	PA	PA	PA	LASER SURGERY OF PROSTATE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52648	PA	PA	PA	LASER SURGERY OF PROSTATE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	52649	PA	PA	PA	PROSTATE LASER ENUCLEATION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	53850	PA	PA	PA	PROSTATIC MICROWAVE THERMOTX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	53852	PA	PA	PA	PROSTATIC RF THERMOTX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	53854	PA	PA	PA	TRURL DSTRJ PRST8 TISS RF WV		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	53899	PA	PA	PA	UNLISTED PX URINARY SYSTEM		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54120	PA	PA	PA	PARTIAL REMOVAL OF PENIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54125	PA	PA	PA	REMOVAL OF PENIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54130	PA	PA	PA	REMOVE PENIS & NODES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54135	PA	PA	PA	REMOVE PENIS & NODES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54161	PA	PA	PA	CIRCUM 28 DAYS OR OLDER		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54162	PA	PA	PA	LYSIS PENIL CIRCUMIC LESION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54163	PA	PA	PA	REPAIR OF CIRCUMCISION		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54164	PA	PA	PA	FRENULOTOMY OF PENIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54360	PA	PA	PA	PENIS PLASTIC SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54401	PA	NO	NO	INSERTION OF PENILE PROSTHESIS; INFLATABLE [SELF-CONTAINED]		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54408	PA	PA	PA	REPAIR MULTI-COMP PENIS PROS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54520	PA	PA	PA	REMOVAL OF TESTIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54530	PA	PA	PA	REMOVAL OF TESTIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54535	PA	PA	PA	EXTENSIVE TESTIS SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54620	PA	PA	PA	SUSPENSION OF TESTIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	54699	PA	PA	PA	LAPAROSCOPE PROC TESTIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	55899	PA	PA	PA	GENITAL SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58150	PA	PA	PA	TOTAL HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

For more benefit details, please refer to the Evidence of Coverage (EOC).

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FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

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Specialty Surgery	58152	PA	PA	PA	TOTAL HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58180	PA	PA	PA	PARTIAL HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58200	PA	PA	PA	EXTENSIVE HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58210	PA	PA	PA	EXTENSIVE HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58240	PA	PA	PA	REMOVAL OF PELVIS CONTENTS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58260	PA	PA	PA	VAGINAL HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58262	PA	PA	PA	VAG HYST INCLUDING T/O		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58263	PA	PA	PA	VAG HYST W/T/O & VAG REPAIR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58267	PA	PA	PA	VAG HYST W/URINARY REPAIR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58270	PA	PA	PA	VAG HYST W/ENTEROCELE REPAIR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58275	PA	PA	PA	HYSTERECTOMY/REVISE VAGINA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58280	PA	PA	PA	HYSTERECTOMY/REVISE VAGINA		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58285	PA	PA	PA	EXTENSIVE HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58290	PA	PA	PA	VAG HYST COMPLEX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58291	PA	PA	PA	VAG HYST INCL T/O COMPLEX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58292	PA	PA	PA	VAG HYST T/O & REPAIR COMPL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58294	PA	PA	PA	VAG HYST W/ENTEROCELE COMPL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58346	PA	PA	PA	INSERT HEYMAN UTERI CAPSULE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58541	PA	PA	PA	LSH UTERUS 250 G OR LESS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58542	PA	PA	PA	LSH W/T/O UT 250 G OR LESS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58543	PA	PA	PA	LSH UTERUS ABOVE 250 G		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58544	PA	PA	PA	LSH W/T/O UTERUS ABOVE 250 G		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58548	PA	PA	PA	LAP RADICAL HYST		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58550	PA	PA	PA	LAPARO-ASST VAG HYSTERECTOMY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58552	PA	PA	PA	LAPARO-VAG HYST INCL T/O		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58553	PA	PA	PA	LAPARO-VAG HYST COMPLEX		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58554	PA	PA	PA	LAPARO-VAG HYST W/T/O COMPL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58570	PA	PA	PA	TLH UTERUS 250 G OR LESS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58571	PA	PA	PA	TLH W/T/O 250 G OR LESS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58572	PA	PA	PA	TLH UTERUS OVER 250 G		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58573	PA	PA	PA	TLH W/T/O UTERUS OVER 250 G		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58578	PA	PA	PA	UNLISTED LAPS PX UTERUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58579	PA	NO	NO	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58679	PA	NO	NO	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58720	PA	NO	NO	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58940	PA	PA	PA	REMOVAL OF OVARY(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58943	PA	PA	PA	REMOVAL OF OVARY(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	58953	PA	PA	PA	TAH RAD DISSECT FOR DEBULK		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58954	PA	PA	PA	TAH RAD DEBULK/LYMPH REMOVE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58956	PA	PA	PA	BSO OMENTECTOMY W/TAH		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	58999	PA	PA	PA	GENITAL SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	61867	PA	PA	PA	IMPLANT NEUROELECTRODE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	61868	PA	PA	PA	IMPLANT NEUROELECTRDE ADDL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	61880	PA	PA	PA	REVISE/REMOVE NEUROELECTRODE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	61888	PA	PA	PA	REVISE/REMOVE NEURORECEIVER		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	63650	PA	PA	PA	IMPLANT NEUROELECTRODES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	63685	PA	PA	PA	INS/RPLC SPI NPG/RCVR POCKET		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	64561	PA	PA	PA	IMPLANT NEUROELECTRODES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	64581	PA	NO	NO	OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE [TRANSFORAMINAL PLACEMENT]		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	64721	PA	PA	PA	CARPAL TUNNEL SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	64999	PA	PA	PA	UNLISTED PX NERVOUS SYSTEM		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	65770	PA	PA	PA	REVISE CORNEA WITH IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	65785	PA	PA	PA	IMPLTJ NTRSTRML CRNL RNG SEG		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66982	PA	PA	PA	XCAPSL CTRC RMVL CPLX WO ECP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66983	PA	PA	PA	CATARACT SURG W/IOL 1 STAGE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66984	PA	PA	PA	XCAPSL CTRC RMVL W/O ECP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66985	PA	PA	PA	INSERT LENS PROSTHESIS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66987	PA	PA	PA	XCAPSL CTRC RMVL CPLX W/ECP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66988	PA	PA	PA	XCAPSL CTRC RMVL W/ECP		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66989	PA	PA	PA	XCPSL CTRC RMVL CPLX INSJ 1+		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	66991	PA	PA	PA	XCAPSL CTRC RMVL INSJ 1+		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67299	PA	PA	PA	EYE SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67311	PA	PA	PA	REVISE EYE MUSCLE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67312	PA	PA	PA	REVISE TWO EYE MUSCLES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67314	PA	PA	PA	REVISE EYE MUSCLE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67316	PA	PA	PA	REVISE TWO EYE MUSCLES		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67318	PA	PA	PA	REVISE EYE MUSCLE(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67320	PA	PA	PA	REVISE EYE MUSCLE(S) ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67331	PA	PA	PA	EYE SURGERY FOLLOW-UP ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67332	PA	PA	PA	REREVISE EYE MUSCLES ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67334	PA	PA	PA	REVISE EYE MUSCLE W/SUTURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67340	PA	PA	PA	REVISE EYE MUSCLE ADD-ON		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67343	PA	PA	PA	RELEASE EYE TISSUE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67399	PA	PA	PA	UNLISTED PX EXTRAOCULAR MUSC		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67599	PA	PA	PA	ORBIT SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	67900	PA	NO	NO	REPAIR BROW DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67901	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67902	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67903	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67904	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67906	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67908	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67909	PA	PA	PA	REVISE EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67911	PA	PA	PA	REVISE EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67912	PA	PA	PA	CORRECTION EYELID W/IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67914	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67915	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67916	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67917	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67921	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67922	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67923	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67924	PA	PA	PA	REPAIR EYELID DEFECT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67950	PA	PA	PA	REVISION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67961	PA	PA	PA	REVISION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67966	PA	PA	PA	REVISION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67971	PA	PA	PA	UNLISTED PROCEDURE EYELIDS		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67973	PA	PA	PA	RECONSTRUCTION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67974	PA	PA	PA	RECONSTRUCTION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67975	PA	PA	PA	RECONSTRUCTION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	67999	PA	PA	PA	REVISION OF EYELID		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	68399	PA	PA	PA	EYELID LINING SURGERY		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	69799	PA	PA	PA	MIDDLE EAR SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	69930	PA	PA	PA	IMPLANT COCHLEAR DEVICE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	69949	PA	PA	PA	INNER EAR SURGERY PROCEDURE		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	92601	PA	PA	PA	COCHLEAR IMPLT F/UP EXAM <7		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	92602	PA	PA	PA	REPROGRAM COCHLEAR IMPLT 7/>		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	92603	PA	PA	PA	COCHLEAR IMPLT F/UP EXAM 7/>		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	92604	PA	PA	PA	REPROGRAM COCHLEAR IMPLT 7/>		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S1091	PA	NO	NO	STENT, NONCORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2066	PA	PA	PA	BREAST RECON W/GAP FLAP UNILATERAL		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2067	PA	PA	PA	BRST RECN 1 BRST DIEP&/GAP FLP(S)		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2068	PA	PA	PA	BREAST RECON DIEP/SIEA FLAP UNI		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2117	PA	PA	PA	ARTHROEREISIS SUBTALAR		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2118	PA	PA	PA	TOTAL HIP RESURFACING		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	

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Specialty Surgery	S2230	PA	PA	PA	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Specialty Surgery	S2235	PA	PA	PA	IMPL AUDITRY BRAIN STEM IMPLANT		PA REQUIRED for facility and professional services.	PA REQUIRED for facility and professional services.	
Tertiary-Quaternary (TQ) Professional	99215	PA	PA	PA	OFFICE O/P EST HI 40 MIN		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	
Tertiary-Quaternary (TQ) Professional	99241	PA	PA	PA	OFFICE CONSULTATION		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	
Tertiary-Quaternary (TQ) Professional	99242	PA	PA	PA	OFF/OP CONSLTJ NEW/EST SF 20		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	
Tertiary-Quaternary (TQ) Professional	99243	PA	PA	PA	OFF/OP CNSLTJ NEW/EST LOW 30		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	
Tertiary-Quaternary (TQ) Professional	99244	PA	PA	PA	OFF/OP CNSLTJ NEW/EST MOD 40		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	
Tertiary-Quaternary (TQ) Professional	99245	PA	PA	PA	OFF/OP CONSLTJ NEW/EST HI 55		Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	Office visits or consultations for TQ level of service at an academic center for highly specialized care: rare or complex medical condition consultations, diagnostic testing, procedures, and clinical trials. Examples of TQ hospitals include UCSF and Stanford.	

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NCB – Not a Covered Benefit

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						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Transplant Services	32851	PA	PA	PA	LUNG TRANSPLANT, SINGLE, WITHOUT CARDIOPULMONARY BYPASS		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	32852	PA	PA	PA	LUNG TRANSPLANT, SINGLE, WITH CARDIOPULMONARY BYPASS		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	32853	PA	PA	PA	LUNG TRANSPLANT, DOUBLE, WITHOUT CARDIOPULMONARY BYPASS		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	32854	PA	PA	PA	LUNG TRANSPLANT, DOUBLE, WITH CARDIOPULMONARY BYPASS		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Transplant Services	33935	PA	PA	PA	TRANSPLANTATION HEART/LUNG		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	33945	PA	PA	PA	TRANSPLANTATION OF HEART		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	38205	PA	PA	PA	HARVEST ALLOGENEIC STEM CELL		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	38206	PA	PA	PA	HARVEST AUTO STEM CELLS		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Transplant Services	38240	PA	PA	PA	TRANSPLT ALLO HCT/DONOR		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	38241	PA	PA	PA	TRANSPLT AUTOL HCT/DONOR		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	38242	PA	PA	PA	TRANSPLT ALLO LYMPHOCYTES		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	47135	PA	PA	PA	TRANSPLANTATION OF LIVER		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Transplant Services	47140	PA	PA	PA	PARTIAL REMOVAL DONOR LIVER		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	47141	PA	PA	PA	PARTIAL REMOVAL DONOR LIVER		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	47142	PA	PA	PA	PARTIAL REMOVAL DONOR LIVER		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transplant Services	50365	PA	PA	PA	TRANSPLANTATION OF KIDNEY		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
Transplant Services	S2065	NCB	PA	PA	SIMULTANEOUS PANC KIDNEY TPLNT		PA REQUIRED for all major organ and bone marrow transplants that are not experimental/investigational in nature.	PA REQUIRED for all transplant-related services. Major organ transplants (MOT)/bone marrow transplants must use the DHCS Center of Excellence Transplant program. Kidney, cornea, and autologous islet cell transplants do not require the use of Center of Excellence to perform. Pediatric transplants prior authorizations will be submitted to California Children’s Services (CCS).	
Transportation	A0430	PA	PA	PA	FIXED WING AMBULANCE (AIR TRANSPORT)				
Transportation	A0431	PA	PA	PA	ROTARY WING AMBULANCE				
Wound Care	Q4122	PA	NO	NO	DERMACELL, DERMACELL AWM OR DERMACELL AWM POROUS, PER SQ CM				
Wound Care	Q4125	PA	NO	NO	ARTHROFLEX, PER SQ CM				
Wound Care	Q4158	PA	NO	NO	KERECIS OMEGA3 PER SQUARE CM				
Wound Care	Q4166	PA	NO	NO	CYTAL, PER SQ CM				
Wound Care	Q4191	PA	NO	NO	RESTORIGIN, PER SQ CM				
Wound Care	Q4204	PA	NO	NO	XWRAP, PER SQ CM				
Wound Care	Q4205	PA	NO	NO	MEMBRANE GRAFT OR MEMBRANE WRAP, PER SQ CM				
Wound Care	Q4250	PA	NO	NO	AMNIOAMP-MP, PER SQ CM				
Wound Care	Q4262	PA	NO	NO	DUAL LAYER IMPAX MEMBRANE, PER SQ CM				
Wound Care	Q4271	PA	NO	NO	COMPLETE FT, PER SQ CM				
Wound Care	Q4275	PA	NO	NO	ESANO ACA, PER SQ CM				
Wound Care	Q4278	PA	NO	NO	EPIEFFECT, PER SQ CM				
Wound Care	Q4281	PA	NO	NO	BARRERA SL OR BARRERA DL, PER SQ CM				

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Physician-Administered Drug (PAD) Code List

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
UM Medication	J0129	PA	PA	PA	ORENCIA (ABATACEPT)				
UM Medication	J0139	PA	PA	PA	ADALIMUMAB				
UM Medication	J0177	PA	PA	PA	AFLIBERCEPT HD				
UM Medication	J0178	PA	PA	PA	EYLEA (AFLIBERCEPT)				
UM Medication	J0180	PA	PA	PA	FABRAZYME (AGALSIDASE BETA)				
UM Medication	J0185	PA	PA	PA	APREPITANT (CINVANTI)				
UM Medication	J0217	PA	PA	PA	VELMANASE ALFA-TYCV (LAMZEDE)				
UM Medication	J0219	PA	PA	PA	AVALGLUCOSIDASE ALFA-NGPT (NEXVIAZYME)				
UM Medication	J0220	PA	PA	PA	MYOZYME (ALGLUCOSIDASE ALFA)				
UM Medication	J0221	PA	PA	PA	LUMIZYME INJECTION (ALGLUCOSIDASE ALFA)				
UM Medication	J0222	PA	PA	PA	PATISIRAN (ONPATTRO)				
UM Medication	J0224	PA	PA	PA	OXLUMO (LUMASIRAN)				
UM Medication	J0225	PA	PA	PA	VUTRISIRAN (AMVUTTRA)				
UM Medication	J0256	PA	PA	PA	PROLASTIN (ALPHA 1 PROTEINASE INBITOR)				
UM Medication	J0257	PA	PA	PA	GLASSIA (ALPHA 1 PROTEINASE INBITOR)				
UM Medication	J0480	PA	PA	PA	SIMULECT (BASILIXIMAB)				
UM Medication	J0485	PA	PA	PA	NULOJIX (BELATACEPT)				
UM Medication	J0585	PA	PA	PA	BOTOX (ONABOTULINUMTOXINA)				
UM Medication	J0586	PA	PA	PA	DYSPORT (ABOBOTULINUMTOXINA)				
UM Medication	J0587	PA	PA	PA	MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B				
UM Medication	J0588	PA	PA	PA	XEOMIN (INCOBOTULINUMTOXIN A)				
UM Medication	J0597	PA	PA	PA	BERINERT (C-1 ESTERASE)				
UM Medication	J0598	PA	PA	PA	CINRYZE (C-1 ESTERASE)				
UM Medication	J0614	PA	PA	PA	GRAFAPEX (TREOSULFAN)				
UM Medication	J0638	PA	PA	PA	ILARIS (CANAKINUMAB)				
UM Medication	J0641	PA	PA	PA	LEVOLEUCOVORIN (FUSILEV, KHAPZORY)				
UM Medication	J0717	PA	PA	PA	CERTOLIZUMAB PEGOL (CIMZIA)				
UM Medication	J0725	NCB	PA	NCB	CHORIONIC GONADOTROPIN				
UM Medication	J0801	PA	PA	PA	CORTICOTROPIN (ACTHAR GEL)				
UM Medication	J0802	PA	PA	PA	CORTICOTROPIN (ANI)				
UM Medication	J0881	PA	PA	PA	DARBEPOETIN ALFA (ARANESP, NON-ESRD)				
UM Medication	J0882	PA	PA	PA	DARBEPOETIN ALFA (ARANESP, ESRD)				
UM Medication	J0885	PA	PA	PA	EPOETIN ALFA (EPOETIN, NON-ESRD)				

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UM Medication	J0887	PA	PA	PA	EPOETIN BETA (MIRCERA, ESRD)				
UM Medication	J0894	PA	PA	PA	DECITABINE (DACOGEN)				
UM Medication	J0897	PA	PA	PA	PROLIA (DENOSUMAB)				
UM Medication	J1299	PA	PA	PA	SOLIRIS (ECULIZUMAB)				
UM Medication	J1301	PA	PA	PA	RADICAVA (EDARAVONE)				
UM Medication	J1303	PA	PA	PA	RAVULIZUMAB-CWVZ (ULTOMIRIS)				
UM Medication	J1304	PA	PA	PA	TOFersen (QALSODY)				
UM Medication	J1326	PA	PA	PA	ZOLBETUXIMAB-CLZB (VYLOY)				
UM Medication	J1411	PA	PA	PA	ETRANACOGENE DEZAPARVOVEC (HEMGENIX)				
UM Medication	J1412	PA	PA	PA	VALOCTOCOGENE ROXAPARVOVEC-RVOX (ROCTAVIAN)				
UM Medication	J1413	PA	PA	PA	DELANDISTROGENE MOXEPARVOVEC (ELEVIDYS)				
UM Medication	J1414	PA	PA	PA	FIDANACOGENE ELEPARVOVEC (BEQVEZ)				
UM Medication	J1439	PA	PA	PA	FERRIC CARBOXYMALTOSE (INJECTAFER)				
UM Medication	J1442	PA	PA	PA	FILGRASTIM G-CSF (NEUPOGEN)				
UM Medication	J1447	PA	PA	PA	TBO FILGRASTIM (GRANIX) BIOSIMILAR				
UM Medication	J1449	PA	PA	PA	ROLVEDON (EFLAPEGRASTIM-XNST)				
UM Medication	J1454	PA	PA	PA	FOSNETUPITANT AND PALONOSETRON (AKYNZEO)				
UM Medication	J1456	PA	PA	PA	FOSAPREPITANT (TEVA)				
UM Medication	J1458	PA	PA	PA	NAGLAZYME (GALSULFASE)				
UM Medication	J1459	PA	PA	PA	IMMUNE GLOBULIN (PRIVIGEN)				
UM Medication	J1460	PA	PA	PA	GAMMA GLOBULIN (GAMASTAN) 1ML				
UM Medication	J1555	PA	PA	PA	IMMUNE GLOBULIN (CUVITRU)				
UM Medication	J1556	PA	PA	PA	IMMUNE GLOBULIN (BIVIGAM)				
UM Medication	J1557	PA	PA	PA	IMMUNE GLOBULIN (GAMMAPLEX)				
UM Medication	J1559	PA	PA	PA	IMMUNE GLOBULIN (HIZENTRA)				
UM Medication	J1560	PA	PA	PA	IMMUNE GLOBULIN (GAMASTAN) 10ML				
UM Medication	J1561	PA	PA	PA	IMMUNE GLOBULIN (GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED)				
UM Medication	J1562	PA	PA	PA	IMMUNE GLOBULIN (VIVAGLOBIN)				
UM Medication	J1566	PA	PA	PA	IMMUNE GLOBULIN (CARIMUNE NF, PANGLOBULIN NF AND GAMMAGARD S/D)				
UM Medication	J1568	PA	PA	PA	IMMUNE GLOBULIN (OCTAGAM)				
UM Medication	J1569	PA	PA	PA	IMMUNE GLOBULIN (GAMMAGARD LIQUID)				

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UM Medication	J1571	PA	PA	PA	HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B)				
UM Medication	J1572	PA	PA	PA	IMMUNE GLOBULIN (FLEBOGAMMA)				
UM Medication	J1575	PA	PA	PA	IMMUNEGLOBULIN (HYQVIA)				
UM Medication	J1599	PA	PA	PA	IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN (ALYGLO)				
UM Medication	J1675	PA	PA	PA	HISTRELIN ACTETATE				
UM Medication	J1743	PA	PA	PA	ELAPRASE (IDURSULFASE)				
UM Medication	J1745	PA	PA	PA	REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR				
UM Medication	J1786	PA	PA	PA	CEREZYME (IMIGLUCERASE)				
UM Medication	J1809	PA	PA	PA	NULIBRY (FOSDENOPTERIN)				
UM Medication	J1826	PA	PA	PA	INTERFERON BETA-1A (REBIF OR AVONEX)				
UM Medication	J1930	PA	PA	PA	SOMATULINE DEPOT (LANREOTIDE)				
UM Medication	J1931	PA	PA	PA	ALDURAZYME (LARONIDASE)				
UM Medication	J1950	PA	PA	PA	LEUPROLIDE ACETATE PER 3.75 MG (LUPRON)				
UM Medication	J2323	PA	PA	PA	NATALIZUMAB (TYSARBI)				
UM Medication	J2326	PA	PA	PA	SPINRAZA (NUSINERSEN)				
UM Medication	J2350	PA	PA	PA	OCRELIZUMAB (OCREVUS)				
UM Medication	J2351	PA	PA	PA	OCRELIZUMAB, 1 MG AND HYALURONIDASE-OCSQ				
UM Medication	J2353	PA	PA	PA	SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG				
UM Medication	J2354	PA	PA	PA	SANDOSTATIN (OCTREOTIDE NON-DEPOT) 25 MCG				
UM Medication	J2357	PA	PA	PA	XOLAIR (OMALIZUMAB)				
UM Medication	J2504	PA	PA	PA	ADAGEN (PEGADEMASE BOVINE)				
UM Medication	J2506	PA	PA	PA	PEGFILGRASTIM (NEULASTA) NO BIOSIMILAR				
UM Medication	J2507	PA	PA	PA	KRYSTEXXA (PEGLOTICASE)				
UM Medication	J2508	PA	PA	PA	PEGUNIGALSIDASE ALFA-IWXJ (ELFABRIO)				
UM Medication	J2562	PA	PA	PA	MOZOBIL (PLERIXAFOR)				
UM Medication	J2778	PA	PA	PA	LUCENTIS (RANIBIZUMAB INJECTION)				
UM Medication	J2793	PA	PA	PA	ARCALYST (RILONACEPT)				
UM Medication	J2797	PA	PA	PA	ROLAPITANT				
UM Medication	J2820	PA	PA	PA	LEUKINE (SARGRAMOSTIM)				
UM Medication	J2916	PA	PA	PA	NA FERRIC GLUCONATE COMPLEX (FERRLECIT)				

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UM Medication	J3111	PA	PA	PA	ROMOSUZUMAB-AQQG (EVENITY)				
UM Medication	J3240	PA	PA	PA	THYROTROPIN (THYROGEN)				
UM Medication	J3262	PA	PA	PA	ACTEMRA (TOCILIZUMAB)				
UM Medication	J3285	PA	PA	PA	TREPROSTINIL (REMODULIN)				
UM Medication	J3315	PA	PA	PA	TRIPTORELIN PAMOATE (TRELSTAR)				
UM Medication	J3357	PA	PA	PA	STELARA (USTEKINUMAB)				
UM Medication	J3380	PA	PA	PA	VEDOLIZUMAB (ENTYVIO)				
UM Medication	J3385	PA	PA	PA	VPRIV (VELAGLUCERASE ALFA)				
UM Medication	J3391	PA	PA	PA	ATIDARSAGENE AUTOTEMCEL (LENMELDY)				
UM Medication	J3392	PA	PA	FFS	EXAGAMGLOGENE AUTOTEMCEL (CASGEVY)			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J3393	PA	PA	PA	BETIBEGLOGENE AUTOTEMCEL (ZYNTEGLO)				
UM Medication	J3394	PA	PA	FFS	LOVOTIBEGLOGENE AUTOTEMCEL (LYFGENIA)			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J3396	PA	PA	PA	VISUDYNE (VERTEPORFIN)				
UM Medication	J3398	PA	PA	PA	VORETIGENE NEPARVOVEC-RZYL (LUXTURNA)				
UM Medication	J3399	PA	PA	PA	ONASEMNOGENE ABEPAR (ZOLGENSMA)				
UM Medication	J3401	PA	PA	PA	BEREMEAGENE GEPERPAVEC-SVDT (VYJUVEK)				
UM Medication	J3402	PA	PA	PA	RYONCIL (REMESTEMCEL-L-RKND)				
UM Medication	J3403	PA	PA	PA	ENCELTO (REVAKINAGENE TARORETCEL-LWEY)				
UM Medication	J3590	PA	PA	PA	UNCLASSIFIED BIOLOGICS				
UM Medication	J7172	PA	PA	PA	MARSTACIMAB-HNCQ (HYMPAVZI)				
UM Medication	J7173	PA	PA	PA	ALHEMO (CONCIZUMAB-MTCI)				
UM Medication	J7174	PA	PA	PA	QFITLIA (FITUSIRAN)				
UM Medication	J7183	PA	PA	FFS	VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I. U. VWF:RCO			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7185	PA	PA	FFS	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I. U.			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7186	PA	PA	FFS	ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN)			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	

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Physician-Administered Drug (PAD) Code List

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UM Medication	J7187	PA	PA	FFS	VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7189	PA	PA	FFS	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7190	PA	PA	FFS	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I. U.			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7192	PA	PA	FFS	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7193	PA	PA	FFS	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I. U.			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7194	PA	PA	FFS	FACTOR IX, COMPLEX, PER I. U.			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7195	PA	PA	FFS	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I. U.			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7199	PA	PA	FFS	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED			Carved out to Medi-Cal FFS. Refer to DHCS Provider Manual for Procedures for FFS and MCP: Single Plan Capitated/Noncapitated Drugs.	
UM Medication	J7321	PA	PA	PA	HYALGAN/SUPARTZ (HYALURONATE) PER DOSE				
UM Medication	J7322	PA	PA	PA	HYMOVIS OR SYNVISIC (HYALURONIC ACID)				
UM Medication	J7323	PA	PA	PA	EUFLEXXA (SODIUM HYALURONATE) PER DOSE				
UM Medication	J7324	PA	PA	PA	ORTHOVISC (HYALURONIC ACID) PER DOSE				
UM Medication	J7325	PA	PA	PA	SYNVISC OR SYNVISC-ONE (HYALURONIC ACID)				
UM Medication	J7326	PA	PA	PA	GEL-ONE (HYALURONATE)				
UM Medication	J7336	PA	PA	PA	CAPSAICIN 8% PATCH				
UM Medication	J9000	PA	PA	PA	DOXORUBICIN HCL (ADRIAMYCIN)				
UM Medication	J9011	PA	PA	PA	DATROWAY (DATOPOTAMAB DERUXTECAN)				
UM Medication	J9015	PA	PA	PA	ALDESLEUKIN (PROLEUKIN)				
UM Medication	J9017	PA	PA	PA	ARSENIC TRIOXIDE (TRISENOX)				

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UM Medication	J9019	PA	PA	PA	ERWINAZE (ASPARAGINASE ERWINIA CHRYSANTHEMI)				
UM Medication	J9020	PA	PA	PA	ELSPAR (ASPARAGINASE)				
UM Medication	J9021	PA	PA	PA	ASPARAGINASE, RECOMBINANT, (RYLAZE)				
UM Medication	J9022	PA	PA	PA	ATEZOLIZUMAB (TECENTRIQ)				
UM Medication	J9023	PA	PA	PA	AVELUMAB (BAVENCIO)				
UM Medication	J9024	PA	PA	PA	ATEZOLIZUMAB, 5 MG AND HYALURONIDASE-TQJS (TECENTRIQ HYBREZA)				
UM Medication	J9025	PA	PA	PA	VIDAZA (AZACITIDINE)				
UM Medication	J9027	PA	PA	PA	CLOFARABINE (CLOLAR)				
UM Medication	J9029	PA	PA	PA	NADOFARAGENE FIRADENOVEC-VNCG (ADSTILADRIN)				
UM Medication	J9030	PA	PA	PA	BCG LIVE INTRAVESICAL INSTILLATION				
UM Medication	J9032	PA	PA	PA	BELINOSTAT (BELEODAQ)				
UM Medication	J9033	PA	PA	PA	BENDAMUSTINE (TREANDA)				
UM Medication	J9034	PA	PA	PA	BENDAMUSTINE (BENDEKA)				
UM Medication	J9038	PA	PA	PA	NIKTIMVO (AXATILIMAB-CSFR)				
UM Medication	J9039	PA	PA	PA	BLINATUMOMAB (BLINCYTO)				
UM Medication	J9041	PA	PA	PA	BORTEZOMIB (VELCADE)				
UM Medication	J9042	PA	PA	PA	BRENTUXIMAB VEDOTIN (ADCETRIS)				
UM Medication	J9043	PA	PA	PA	CABAZITAXEL (JEVTANA)				
UM Medication	J9047	PA	PA	PA	CARFILZOMIB (KYPROLIS)				
UM Medication	J9054	PA	PA	PA	BORTEZOMIB (BORUZU)				
UM Medication	J9055	PA	PA	PA	CETUXIMAB (ERBITUX)				
UM Medication	J9065	PA	PA	PA	CLADRIBINE (LEUSTATIN)				
UM Medication	J9072	PA	PA	PA	CYCLOPHOSPHAMIDE (DR.REDDY'S)				
UM Medication	J9119	PA	PA	PA	CEMIPLIMAB-RWLC (LIBTAYO)				
UM Medication	J9144	PA	PA	PA	DARATUMUMAB AND HYALURONIDASE-FIHJ (DARZALEX FASPRO)				
UM Medication	J9145	PA	PA	PA	DARATUMUMAB (DARZALEX)				
UM Medication	J9150	PA	PA	PA	DAUNORUBICIN				
UM Medication	J9153	PA	PA	PA	LIPOSOMAL DAUNORUBICIN AND CYTARABINE (VYXEOS)				
UM Medication	J9155	PA	PA	PA	DEGARELIX (FIRMAGON)				
UM Medication	J9161	PA	PA	PA	DENILEUKIN DIFTITOX-CXDL				
UM Medication	J9173	PA	PA	PA	DURVALUMAB (IMFINZI)				
UM Medication	J9174	PA	PA	PA	DOCETAXEL (BEIZRAY)				
UM Medication	J9176	PA	PA	PA	ELOTUZUMAB (EMPLICITI)				

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UM Medication	J9177	PA	PA	PA	ENFORTUMAB VEDOTIN-EJFV (PADCEV)				
UM Medication	J9178	PA	PA	PA	EPIRUBICIN HCL (ELLENCÉ)				
UM Medication	J9179	PA	PA	PA	ERIBULIN MESYLATE (HALAVEN)				
UM Medication	J9181	PA	PA	PA	ETOPOSIDE (TOPOSAR)				
UM Medication	J9185	PA	PA	PA	FLUDARABINE PHOSPHATE (FLUDARA)				
UM Medication	J9198	PA	PA	PA	GEMCITABINE HYDROCHLORIDE (INFUGEM) 100 MG				
UM Medication	J9202	PA	PA	PA	ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG				
UM Medication	J9203	PA	PA	PA	GEMTUZUMAB OZOGAMICIN (MYLOTARG)				
UM Medication	J9204	PA	PA	PA	MOGAMULIZUMAB-KPKC (POTELIGEO)				
UM Medication	J9205	PA	PA	PA	IRINOTECAN LIPOSOME (ONIVYDE)				
UM Medication	J9206	PA	PA	PA	IRINOTECAN (CAMPOTOSAR)				
UM Medication	J9207	PA	PA	PA	IXABEPILONE (IXEMPRA)				
UM Medication	J9208	PA	PA	PA	IFOSFAMIDE (IFEX)				
UM Medication	J9210	PA	PA	PA	EMAPALUMAB-LZSG (GAMIFANT)				
UM Medication	J9214	PA	PA	PA	INTERFERON ALFA2B, RECOMBINANT (INTRON A)				
UM Medication	J9217	PA	PA	PA	LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG				
UM Medication	J9219	PA	PA	PA	LEUPROLIDE ACETATE IMPLANT				
UM Medication	J9227	PA	PA	PA	ISATUXIMAB-IRFC (SARCLISA)				
UM Medication	J9228	PA	PA	PA	YERVOY (IPILIMUMAB)				
UM Medication	J9229	PA	PA	PA	INOTUZUMAB OZOGAMICIN (BESPOUSA)				
UM Medication	J9260	PA	PA	PA	METHOTREXATE SODIUM				
UM Medication	J9261	PA	PA	PA	NELARABINE (ARRANON)				
UM Medication	J9264	PA	PA	PA	PACLITAXEL PROTEIN BOUND (ABRAXANE)				
UM Medication	J9266	PA	PA	PA	ONCASPAR (PEGASPARGASE), PER SINGLE DOSE VIAL				
UM Medication	J9269	PA	PA	PA	TAGRAXOFUSP-ERZS				
UM Medication	J9271	PA	PA	PA	PEMBROLIZUMAB (KEYTRUDA)				
UM Medication	J9275	PA	PA	PA	COSIBELIMAB-IPDL (UNLOXCYT)				
UM Medication	J9276	PA	PA	PA	ZANIDATAMAB-HRII (ZIIHERA)				
UM Medication	J9280	PA	PA	PA	MITOMYCIN 5 MG				
UM Medication	J9281	PA	PA	PA	MITOMYCIN 1MG (JELMYTO)				
UM Medication	J9285	PA	PA	PA	OLARATUMAB (LARTRUVO)				
UM Medication	J9286	PA	PA	PA	GLOFITAMAB-GXBM (COLUMVI)				

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UM Medication	J9289	PA	PA	PA	NIVOLUMAB, 2 MG AND HYALURONIDASENVHY (OPDIVO QVANTIG)				
UM Medication	J9293	PA	PA	PA	MITOXANTRONE HYDROCHLORIDE				
UM Medication	J9295	PA	PA	PA	NECITUMUMAB (PORTRAZZA)				
UM Medication	J9299	PA	PA	PA	NIVOLUMAB (OPDIVO)				
UM Medication	J9301	PA	PA	PA	OBINUTUZUMAB 10 MG				
UM Medication	J9302	PA	PA	PA	OFATUMUMAB (ARZERRA)				
UM Medication	J9303	PA	PA	PA	VECTIBIX (PANITUMUMAB)				
UM Medication	J9304	PA	PA	PA	PEMETREXED (PEMFEXY)				
UM Medication	J9305	PA	PA	PA	PEMETREXED (ALIMTA)				
UM Medication	J9306	PA	PA	PA	PERJETA (PERTUZUMAB)				
UM Medication	J9307	PA	PA	PA	FOLOTYN (PRALATREXATE)				
UM Medication	J9308	PA	PA	PA	RAMUCIRUMAB (CYRAMZA)				
UM Medication	J9309	PA	PA	PA	POLATUZUMAB VEDOTIN-PIIQ (POLIVY)				
UM Medication	J9311	PA	PA	PA	RITUXIMAB, HYALURONIDASE (RITUXAN HYCELA)				
UM Medication	J9312	PA	PA	PA	RITUXIMAB (RITUXAN)				
UM Medication	J9313	PA	PA	PA	MOXETUMOMAB PASUDOTOX-TDFK (LUMOXITI)				
UM Medication	J9317	PA	PA	PA	SACITUZUMAB GOVITECH-HZIY (TRODELVY)				
UM Medication	J9318	PA	PA	PA	ROMIDEPSIN NON-LYOPHILIZED				
UM Medication	J9319	PA	PA	PA	ROMIDEPSIN LYOPHILIZED				
UM Medication	J9321	PA	PA	PA	EPCORITAMAB-BYSP (EPKINLY)				
UM Medication	J9322	PA	PA	PA	PEMETREXED (BLUEPOINT)				
UM Medication	J9323	PA	PA	PA	PEMETREXED (HOSPIRA)				
UM Medication	J9324	PA	PA	PA	PEMETREXED (PEMRYDI RTU)				
UM Medication	J9325	PA	PA	PA	TALIMOGENE LAHERPAREPVEC (IMLYGIC)				
UM Medication	J9328	PA	PA	PA	TEMOZOLOMIDE (TEMODAR)				
UM Medication	J9330	PA	PA	PA	TEMSIROLIMUS (TORISEL)				
UM Medication	J9333	PA	PA	PA	ROZANOLIXIZUMAB-NOLI (RYSTIGGO)				
UM Medication	J9334	PA	PA	PA	EFGARTIGIMOD ALFA-FCAB AND HYALURONIDASE-QVFC (VYVGART)				
UM Medication	J9341	PA	PA	PA	THIOTEPA (TEPYLUTE)				
UM Medication	J9342	PA	PA	PA	THIOTEPA, NOT OTHERWISE SPECIFIED				
UM Medication	J9349	PA	PA	PA	TAFASITAMAB-CXIX (MONJUVI)				
UM Medication	J9350	PA	PA	PA	MOSUNETUZUMAB-AXGB (LUNSUMIO)				
UM Medication	J9352	PA	PA	PA	TRABECTEDIN (YONDELIS)				

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UM Medication	J9354	PA	PA	PA	KADCYLA (ADO-TRASTUZUMAB EMTANSINE)				
UM Medication	J9355	PA	PA	PA	HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR				
UM Medication	J9356	PA	PA	PA	HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC				
UM Medication	J9358	PA	PA	PA	FAM-TRSTUZUMB DRUXTCN-NXKI (ENHERTU)				
UM Medication	J9370	PA	PA	PA	VINCRIPTINE SULFATE (VINCASAR)				
UM Medication	J9380	PA	PA	PA	TECLISTAMAB-CGYV (TECVAYLI)				
UM Medication	J9381	PA	PA	PA	TEPLIZUMAB-MZWV (TZIELD)				
UM Medication	J9382	PA	PA	PA	ZENOCUTUZUMAB-ZBCO				
UM Medication	J9390	PA	PA	PA	VINORELBINE TARTRATE (NAVELBINE)				
UM Medication	J9395	PA	PA	PA	FULVESTRANT (FASLODEX)				
UM Medication	J9400	PA	PA	PA	ZIV-AFLIBERCEPT (ZALTRAP)				
UM Medication	Q0138	PA	PA	PA	FERUMOXYTOL (FERUMOXYTO, NON-ESRD)				
UM Medication	Q0139	PA	PA	PA	FERUMOXYTOL (FERUMOXYTO, ESRD)				
UM Medication	Q2041	PA	PA	PA	AXICABTAGENE CILOLEUCEL (YESCARTA)				
UM Medication	Q2042	PA	PA	PA	TISAGENLECLEUCEL (KYMRIAH)				
UM Medication	Q2043	PA	PA	PA	PROVENGE (SIPULEUCEL -T)				
UM Medication	Q2049	PA	PA	PA	DOXORUBICIN HCL,LIPOSOMAL (LIPODOX)				
UM Medication	Q2050	PA	PA	PA	DOXORUBICIN HCL LIPOSOMAL (DOXIL)				
UM Medication	Q2053	PA	PA	PA	BREXUCABTAGENE (TECARTUS)				
UM Medication	Q2054	PA	PA	PA	LISOCABTAGENE MARALEUCEL (BREYANZI)				
UM Medication	Q2055	PA	PA	PA	IDECABTAGENE VICLEUCEL (ABECMA)				
UM Medication	Q2056	PA	PA	PA	CILTACABTAGENE AUTOLEUCEL (CARVYKTI)				
UM Medication	Q2057	PA	PA	PA	AFAMITRESGENE AUTOLEUCEL (TECELRA)				
UM Medication	Q2058	PA	PA	PA	OBECABTAGENE AUTOLEUCEL (AUCATZYL)				
UM Medication	Q4081	PA	PA	PA	EPOETIN ALFA (EPOETIN, FOR ESRD ON DIALYSIS)				
UM Medication	Q5098	PA	PA	PA	USTEKINUMAB-SRLF (IMULDOSA)				
UM Medication	Q5099	PA	PA	PA	USTEKINUMAB-STBA (STEQEYMA)				
UM Medication	Q5100	PA	PA	PA	USTEKINUMAB-KFCE (YESINTEK)				

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
UM Medication	Q5101	PA	PA	PA	FILGRASTIM-SNDZ (ZARXIO) BIOSIMILAR				
UM Medication	Q5103	PA	PA	PA	INFLIXIMAB-DYYB (INFLECTRA) BIOSIMILAR				
UM Medication	Q5104	PA	PA	PA	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS)				
UM Medication	Q5105	PA	PA	PA	EPOETIN ALFA-EPBX BIOSIMILAR, (RETACRIT) ESRD				
UM Medication	Q5106	PA	PA	PA	EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE)				
UM Medication	Q5107	PA	PA	PA	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI)				
UM Medication	Q5108	PA	PA	PA	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA)				
UM Medication	Q5109	PA	PA	PA	INFLIXIMAB-QBTX BIOSIMILR (IXIFI)				
UM Medication	Q5110	PA	PA	PA	FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM)				
UM Medication	Q5111	PA	PA	PA	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA)				
UM Medication	Q5112	PA	PA	PA	TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT)				
UM Medication	Q5113	PA	PA	PA	TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA)				
UM Medication	Q5114	PA	PA	PA	TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI)				
UM Medication	Q5115	PA	PA	PA	RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA)				
UM Medication	Q5116	PA	PA	PA	TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA)				
UM Medication	Q5117	PA	PA	PA	TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI)				
UM Medication	Q5118	PA	PA	PA	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV)				
UM Medication	Q5119	PA	PA	PA	RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE)				
UM Medication	Q5120	PA	PA	PA	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO)				
UM Medication	Q5121	PA	PA	PA	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA)				
UM Medication	Q5122	PA	PA	PA	PEGFILGRASTIM-APGF (NYVPERIA) BIOSIMILAR				

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Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
UM Medication	Q5126	PA	PA	PA	BEVACIZUMAB-MALY (ALYMSYS) BIOSIMILAR				
UM Medication	Q5127	PA	PA	PA	PEGFILGRASTIM-FPGK (STIMUFEND) BIOSIMILAR				
UM Medication	Q5128	PA	PA	PA	RANIBIZUMAB-EQRN (CIMERLI), BIOSIMILAR				
UM Medication	Q5129	PA	PA	PA	BEVACIZUMAB-ADCD (VEGZELMA), BIOSIMILAR				
UM Medication	Q5130	PA	PA	PA	PEGFILGRASTIM-PBBK (FYLNETRA), BIOSIMILAR				
UM Medication	Q5131	PA	PA	PA	ADALIMUMAB-AACF (IDACIO)				
UM Medication	Q5140	PA	PA	PA	ADALIMUMAB-FKJP (HULIO)				
UM Medication	Q5141	PA	PA	PA	ADALIMUMAB-AATY (YUFLYMA)				
UM Medication	Q5142	PA	PA	PA	ADALIMUMAB-RYVK (SIMLANDI)				
UM Medication	Q5143	PA	PA	PA	ADALIMUMAB-ADBМ (CYLTEZO)				
UM Medication	Q5144	PA	PA	PA	ADALIMUMAB-AACF (IDACIO)				
UM Medication	Q5145	PA	PA	PA	ADALIMUMAB-AFZB (ABRILADA)				
UM Medication	Q5146	PA	PA	PA	TRASTUZUMAB-STRF (HERCESSI)				
UM Medication	Q5147	PA	PA	PA	AFLIBERCEPT-AYYH (PAVBLU)				
UM Medication	Q5148	PA	PA	PA	FILGRASTIM-TXID (NYPOZI)				
UM Medication	Q5149	PA	PA	PA	AFLIBERCEPT-ABZV (ENZEEVU)				
UM Medication	Q5150	PA	PA	PA	AFLIBERCEPT-MRBB (AHZANTIVE)				
UM Medication	Q5151	PA	PA	PA	ECULIZUMAB-AAGH (EPYSQLI)				
UM Medication	Q5152	PA	PA	PA	ECULIZUMAB-AEЕB (BKEMV)				
UM Medication	Q5153	PA	PA	PA	AFLIBERCEPT-YSZY (OPUVIZ)				
UM Medication	Q5154	PA	PA	PA	OMLYCLO (OMALIZUMAB-IGEC)				
UM Medication	Q5155	PA	PA	PA	YESAFILI (AFLIBERCEPT-JBVF)				
UM Medication	Q5156	PA	PA	PA	AVTOZMA (TOCILIZUMAB-ANOH)				
UM Medication	Q5157	PA	PA	PA	STOBOCLO AND OSENVЕLT (DENOSUMAB-BMWO)				
UM Medication	Q5158	PA	PA	PA	BOMYNTRAV AND CONEXXENCE (DENOSUMAB-BNHT)				
UM Medication	Q5159	PA	PA	PA	OSPOMYV AND XBRYK (DENOSUMAB-DSSB)				
UM Medication	Q9996	PA	PA	PA	USTEKINUMAB-TTWE (PYZCHIVA), SUBCUTANEOUS				
UM Medication	Q9997	PA	PA	PA	USTEKINUMAB-TTWE (PYZCHIVA), INTRAVENOUS				
UM Medication	Q9998	PA	PA	PA	USTEKINUMAB-AEKN (SELARSDI)				
UM Medication	Q9999	PA	PA	PA	USTEKINUMAB-AAUZ (OTULFI)				
UM Medication	S0122	NCB	PA	NCB	MENOTROPINS				

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

NO – No Prior Authorization Required

PA – Prior Authorization

						ADDITIONAL BENEFIT CRITERIA – If blank, please refer to the Evidence of Coverage (EOC) for more benefit details.			
Service Category	Code	Alameda Alliance Wellness	Group Care	Medi-Cal	Code Description	Alameda Alliance Wellness (click here for EOC)	Group Care (click here for EOC)	Medi-Cal (click here for EOC)	Date of Change/Update
UM Medication	S0126	NCB	PA	NCB	FOLLITROPIN ALFA				
UM Medication	S0128	NCB	PA	NCB	FOLLITROPIN BETA				
UM Medication	S0132	NCB	PA	NCB	GANIRELIX ACETATE				

For more benefit details, please refer to the Evidence of Coverage (EOC).

ACBH – Carve-Out to Alameda County Behavioral Health
Required

FFS – Carve-Out to Medi-Cal Fee-for-Service (FFS)

NCB – Not a Covered Benefit

NO – No Prior Authorization Required

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