



Important Update: Changes to Prior Authorization (PA) Rules Effective Monday, October 5, 2026

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update to share with you.

The **Covered Services Benefits Guide** outlines prior authorization (PA) requirements for covered services in the **Alliance Group Care, Medi-Cal, and Alameda Alliance Wellness (HMO D-SNP)** plans.

We will be updating PA rules on the Covered Services Benefit Guide. Included in this notice is a list of codes where PA requirements will change. **The changes will be effective, Monday, October 5, 2026.**

Important: The Covered Services Benefits Guide is reviewed and published regularly. Updates to the guide are announced in Alliance Provider Alerts and published on the Alliance website. For the most comprehensive list of codes and their PA requirements, please review the Covered Services Benefits Guide available online at www.alamedaalliance.org/providers/authorizations.

Please Note: For service procedure codes that do not require PA, but are associated with a PA-required service, payment is contingent upon an approved authorization for the primary service requiring authorization. Associated codes not on the list will not be paid separately if the primary service was denied or does not have PA.

Reminder: The Alliance will validate all claims against authorizations to ensure appropriate reimbursement.

The following items will be validated:

- Member name
- Provider NPI
- Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding
- Date(s) of service is within the authorized range
- Number of units and/or visits
- Place of service matches the site of care submitted on the authorization request form
- National Drug Codes (NDCs) approved by the United States Food and Drug Administration (FDA) are required on claims submissions
- Claims missing and/or without a matching NDC on a claim will be denied

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

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4540**
www.alamedaalliance.org

Utilization Management (UM) – Covered Services Benefits Guide Updates



HCPCS Code	HCPCS Description	Action	Line of Business (LOB) Impacted
J3389	PRADEMAGENE ZAMIKERACEL ((ZEVASKYN)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9256	NIPOCALIMAB-AAHU (IMAAVY)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9326	ELISOTUZUMAB VEDOTIN-TLLV (EMRELIS)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J3387	ELIVALDOGENE AUTOTEMCEL (SKYSONA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5160	BEVACIZUMAB-NWGD (JOBEVNE), BIOSIMILAR	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9183	GEMCITABINE INTRAVESICAL SYSTEM (INLEXZO)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9277	PEMBROLIZUMAB, 1 MG AND BERAHYALURONIDASE ALFA-PMPH (KEYTRUDA QLEX)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9003	LEUPROLIDE INJECTABLE (CAMCEVI ETM)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5161	DENOSUMAB-KYQQ (AUKELSO/BOSAYA) BIOSIMILAR	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5162	DENOSUMAB-NXXP (BILDYOS/BILPREVDA) BIOSIMILAR	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J3404	ZOPAPOGENE IMADENOVEC-DRBA (PAPZIMEOS)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9601	INVOSELTAMAB-GCPT (LYNOZYFIC)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J1553	IMMUNE GLOBULIN (YIMMUGO)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9019	ASPARAGINASE (ERWINAZE), 1,000 IU ERWINAZE	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9020	ASPARAGINASE, 10,000 UNITS, NOT OTHERWISE SPECIFIED	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J1562	IMMUNE GLOBULIN (VIVAGLOBIN)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5109	INFLIXIMAB-QBTX BIOSIMILR (IXIFI)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5131	ADALIMUMAB-AACF (IDACIO), BIOSIMILAR	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5139	ECULIZUMAB-AEEB (BKEMV)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9037	BELANTAMAB MAFODOTIN-BLMF (BLENREP)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9371	VINCRISTINE SULFATE LIPOSOME (MARQIB)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9259	PACLITAXEL PROTEIN-BOUND PARTICLES (AMERICAN REGENT)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J2503	PEGAPTANIB SODIUM (MACUGEN)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J2796	ROMIPLOSTIM (NPLATE)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9037	BELANTAMAB MAFODONTIN-BLMF (BLENREP)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9258	PACLITAXEL PROTEIN-BOUND PARTICLES (TEVA)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
S0013	ESKETAMINE (SPRAVATO)	Removed PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
90834	PSYCHOTHERAPY 45 (38-52) MIN	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
90847	FAMILY PSYCHOTHERAPY, WITH PATIENT PRESENT	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
90849	MULTIPLE FAMILY GROUP THERAPY	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
90832	PSYCHOTHERAPY 30 (16-37) MIN	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness

UM – Covered Services Benefits Guide Updates

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90839	PSYCHOTHERAPY FOR CRISIS, FIRST 60 MINUTES	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
H1011	DYADIC BEHAVIORAL HEALTH (DBH) WELL-CHILD VISIT	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
H2015	DYADIC COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
H2027	DYADIC PSYCHOEDUCATIONAL SERVICES, PER 15 MINUTES	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
T1027	DYADIC FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
90837	PSYCHOTHERAPY 60 (53+) MIN	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
90846	FAMILY PSYCHOTHERAPY, WITHOUT PATIENT PRESENT	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	No PA required	Group Care, Medi-Cal, Alameda Alliance Wellness
J1577	IMMUNE GLOBULIN (QIVIGY)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J3405	ONASEMNOGENE ABEPARVOVEC-BRVE (ITVISMA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J3386	ETUVETIDIGENE AUTOTEMCEL (WASKYRA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J1289	NARSOPLIMAB-WUUG (YARTEMLEA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J2361	DEPEMOKIMAB-ULAA (EXDENSUR)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9053	BELANTAMAB MAFODOTIN-BLMF (BLENREP)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J9062	AMIVANTAMAB + HYALURONIDASE-LPUJ (RYBREVANT FASPRO)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
J7176	HUMAN FIBRINOGEN-CHMT (FESILTY)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5168	RANIBIZUMAB-LEK (NUFYMCO)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5171	DENOSUMAB-MOBZ (BONCRESA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5165	DENOSUMAB-MOBZ (OZILTUS)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5170	AFLIBERCEPT-BOAV (EYDENZELT)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5166	DENOSUMAB-DESU (OSVYRTI / JUBEREQ)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5167	DENOSUMAB-QBDE (ENOBV / XTRENBO)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5169	PEGFILGRASTIM-UNNE (ARMLUPEG)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
Q5164	USTEKINUMAB-HMNY (STARJEMZA)	Added PA requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
82157	ASSAY OF ANDROSTENEDIONE	Added PA Requirement	Group Care
82626	DEHYDROEPIANDROSTERONE	Added PA Requirement	Group Care
83090	ASSAY OF HOMOCYSTEINE	Added PA Requirement	Group Care
83498	ASY HYDROXYPROGESTERONE 1	Added PA Requirement	Group Care
83519	RIA NONANTIBODY	Added PA Requirement	Group Care
85300	ANTITHROMBIN III ACTIVITY	Added PA Requirement	Group Care
85301	ANTITHROMBIN III ANTIGEN	Added PA Requirement	Group Care

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85302	CLOT INHIBIT PROT C ANTIG	Added PA Requirement	Group Care
85303	CLOT INHIBIT PROT C ACTIV	Added PA Requirement	Group Care
85305	CLOT INHIBIT PROT S TOTAL	Added PA Requirement	Group Care
85306	CLOT INHIBIT PROT S FREE	Added PA Requirement	Group Care
86146	BETA-2 GLYCOPROTEIN ANTIB	Added PA Requirement	Group Care
86147	CARDIOLIPIN ANTIBODY EA I	Added PA Requirement	Group Care
86148	ANTI-PHOSPHOLIPID ANTIBOD	Added PA Requirement	Group Care
86277	GROWTH HORMONE ANTIBODY	Added PA Requirement	Group Care
86357	NK CELLS TOTAL COUNT	Added PA Requirement	Group Care
86689	HTLV/HIV CONFIRMJ ANTIBOD	Added PA Requirement	Group Care
88185	FLOWCYTOMETRY/TC ADD-ON	Added PA Requirement	Group Care
88187	FLOWCYTOMETRY/READ 2-8	Added PA Requirement	Group Care
88188	FLOWCYTOMETRY/READ 9-15	Added PA Requirement	Group Care
88189	FLOWCYTOMETRY/READ 16 & >	Added PA Requirement	Group Care
89240	UNLISTED MISC PATH TEST	Added PA Requirement	Group Care
89250	CULTR OOCYTE/EMBRYO <4 DA	Added PA Requirement	Group Care
89251	CULTR OOCYTE/EMBRYO <4 DA	Added PA Requirement	Group Care
89257	SPERM IDENTIFICATION	Added PA Requirement	Group Care
89258	CRYOPRESERVATION EMBRYO(S)	Added PA Requirement	Group Care
89260	SPERM ISOLATION SIMPLE	Added PA Requirement	Group Care
89261	SPERM ISOLATION COMPLEX	Added PA Requirement	Group Care
89264	IDENTIFY SPERM TISSUE	Added PA Requirement	Group Care
89272	EXTENDED CULTURE OF OOCYT	Added PA Requirement	Group Care
89300	SEMEN ANALYSIS W/HUHNER	Added PA Requirement	Group Care
89310	SEMEN ANALYSIS W/COUNT	Added PA Requirement	Group Care
89320	SEMEN ANAL VOL/COUNT/MOT	Added PA Requirement	Group Care
89321	SEMEN ANAL SPERM DETECTIO	Added PA Requirement	Group Care
89322	SEMEN ANAL STRICT CRITERI	Added PA Requirement	Group Care
89325	SPERM ANTIBODY TEST	Added PA Requirement	Group Care
89329	SPERM EVALUATION TEST	Added PA Requirement	Group Care
89330	EVALUATION CERVICAL MUCUS	Added PA Requirement	Group Care
89331	RETROGRADE EJACULATION AN	Added PA Requirement	Group Care
A6544	Gradient compression stocking, thigh length	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness

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A6545	Gradient compression stocking, waist length	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
A6549	Compression garment, not otherwise specified	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
L8015	External breast prosthesis, partial	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
95714	EEG Monitoring with Video	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
58321	ARTIFICIAL INSEMINATION	Added PA Requirement	Group Care
58322	ARTIFICIAL INSEMINATION	Added PA Requirement	Group Care
58323	SPERM WASHING	Added PA Requirement	Group Care
58825	TRANSPOSITION OVARY(S)	Added PA Requirement	Group Care
89253	EMBRYO HATCHING	Added PA Requirement	Group Care
89254	OOCYTE IDENTIFICATION	Added PA Requirement	Group Care
89255	PREPARE EMBRYO FOR TRANSF	Added PA Requirement	Group Care
89259	CRYOPRESERVATION SPERM	Added PA Requirement	Group Care
89268	INSEMINATION OF OOCYTES	Added PA Requirement	Group Care
89280	ASSIST OOCYTE FERTILIZATI	Added PA Requirement	Group Care
89281	ASSIST OOCYTE FERTILIZATI	Added PA Requirement	Group Care
89290	BIOPSY OOCYTE POLAR BODY	Added PA Requirement	Group Care
89291	BIOPSY OOCYTE POLAR BODY	Added PA Requirement	Group Care
89335	CRYOPRESERVE TESTICULAR T	Added PA Requirement	Group Care
89337	CRYOPRESERVATION OOCYTE(S)	Added PA Requirement	Group Care
89342	STORAGE/YEAR EMBRYO(S)	Added PA Requirement	Group Care
89343	STORAGE/YEAR SPERM/SEMEN	Added PA Requirement	Group Care
89344	STORAGE/YEAR REPROD TISSU	Added PA Requirement	Group Care
89346	STORAGE/YEAR OOCYTE(S)	Added PA Requirement	Group Care
89352	THAWING CRYOPRESERVED EMBR	Added PA Requirement	Group Care
89353	THAWING CRYOPRESERVED SPER	Added PA Requirement	Group Care
89354	THAW CRYOPRSVRD REPROD TI	Added PA Requirement	Group Care
89356	THAWING CRYOPRESERVED OOCY	Added PA Requirement	Group Care
99183	HYPERBARIC OXYGEN THERAPY	Added PA Requirement	Group Care
S4011	IVF PACKAGE	Added PA Requirement	Group Care
S4013	COMPL GIFT CASE RATE	Added PA Requirement	Group Care
S4014	COMPL ZIFT CASE RATE	Added PA Requirement	Group Care
S4015	COMPLETE IVF NOS CASE RAT	Added PA Requirement	Group Care
S4016	FROZEN IVF CASE RATE	Added PA Requirement	Group Care

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S4017	IVF CANC A STIM CASE RATE	Added PA Requirement	Group Care
S4018	F EMB TRNS CANC CASE RATE	Added PA Requirement	Group Care
S4020	IVF CANC B4 ASPIR CASE RA	Added PA Requirement	Group Care
S4021	IVF CANC AFTR ASPR CASE R	Added PA Requirement	Group Care
S4022	ASST OOCYTE FERT CASE RAT	Added PA Requirement	Group Care
S4023	INCOMPL DONOR EGG CASE RA	Added PA Requirement	Group Care
S4025	DONOR SERV IVF CASE RATE	Added PA Requirement	Group Care
S4026	PROCURE DONOR SPERM	Added PA Requirement	Group Care
S4027	STORE PREV FROZ EMBRYOS	Added PA Requirement	Group Care
S4028	MICROSURG EPI SPERM ASP	Added PA Requirement	Group Care
S4030	SPERM PROCURE INIT VISIT	Added PA Requirement	Group Care
S4031	SPERM PROCURE SUBS VISIT	Added PA Requirement	Group Care
S4035	STIMULATED IUI CASE RATE	Added PA Requirement	Group Care
S4037	CRYO EMBRYO TRANSF CASE R	Added PA Requirement	Group Care
S4040	MONIT STORE CRYO EMBRYO 3	Added PA Requirement	Group Care
S4042	OVULATION MGMT PER CYCLE	Added PA Requirement	Group Care
81224	CFTR GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS	Added PA Requirement	Group Care
81291	MTHFR GENE	Added PA Requirement	Group Care
88248	CHROMOSOME ANALYSIS 50-10	Added PA Requirement	Group Care
88249	CHROMOSOME ANALYSIS 100	Added PA Requirement	Group Care
88262	CHROMOSOME ANALYSIS 15-20	Added PA Requirement	Group Care
88263	CHROMOSOME ANALYSIS 45	Added PA Requirement	Group Care
88264	CHROMOSOME ANALYSIS 20-25	Added PA Requirement	Group Care
88271	CYTOGENETICS DNA PROBE	Added PA Requirement	Group Care
88272	CYTOGENETICS 3-5	Added PA Requirement	Group Care
88273	CYTOGENETICS 10-30	Added PA Requirement	Group Care
88274	CYTOGENETICS 25-99	Added PA Requirement	Group Care
88275	CYTOGENETICS 100-300	Added PA Requirement	Group Care
88280	CHROMOSOME KARYOTYPE STUD	Added PA Requirement	Group Care
88283	CHROMOSOME BANDING STUDY	Added PA Requirement	Group Care
88285	CHROMOSOME COUNT ADDITION	Added PA Requirement	Group Care
0253U	RPRDTVE MED RNA GEN PRFL	Added PA Requirement	Group Care
0255U	ANDROLOGY INFERTILITY ASSESS	Added PA Requirement	Group Care

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0353U	IADNA CHLMYD&GONORR AMP P	Added PA Requirement	Group Care
G0155	Home Health MSW	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
71250	CT chest without contrast	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
71260	CT Chest With Contrast	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
71270	CT Chest W/ & W/O Contrast	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
71275	CT Angiography (CTA) Chest	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
72125	CT NECK SPINE W/O DYE	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
72126	CT NECK SPINE W/DYE	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
72127	CT NECK SPINE W/O & W/DYE	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
72128	CT CHEST SPINE W/O DYE	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
73218	MRI Upper Extremity w/o dye	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
73221	MRI JOINT UPR EXTREM W/O	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
74177	CT ABD & PELVIS W/CONTRAS	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
74178	CT ABD&PLV WO CNTR FLWD C	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
75635	CT ANGIO ABDOMINAL ARTERI	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
76948	ECHO GUIDE OVA ASPIRATION	Added PA Requirement	Group Care
77263	THER RADIOLOGY TX PLNG CP	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77300	RADIATION THERAPY DOSE PL	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77301	RADIOTHERAPY DOSE PLAN IM	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77321	SPECIAL TELETX PORT PLAN	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77334	RADIATION TREATMENT AID(S	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77336	RADIATION PHYSICS CONSULT	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77407	RADIATION TX DELIVERY LVL	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
77427	RADIATION TX MANAGEMENT X	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78020	Thyroid imaging with uptake	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78070	Parathyroid imaging	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78072	Parathyroid imaging with SPECT	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78195	Sentinel lymph node mapping	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78226	Hepatobiliary imaging	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78227	Hepatobiliary imaging with intervention	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78264	Gastric emptying study	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78306	Bone scan whole body	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78315	Bone scan, multiple areas	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness

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78452	Myocardial perfusion imaging, SPECT	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78454	Myocardial perfusion PET imaging	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78472	Cardiac blood pool imaging	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78582	Lung ventilation imaging	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
78597	Lung imaging, quantitative	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
92507	TX SP LANG VOICE COMM IND	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
93798	Cardiac rehabilitation, with ECG	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
94626	Pulmonary rehabilitation	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
90989	DIALYSIS TRAINING COMPLET	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36825	CREATION OF ARTERIOVENOUS	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36830	ARTERY-VEIN GRAFT	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36831	OPEN THROMBECT AV FISTULA	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36832	AV FISTULA REVISION	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36833	AV FISTULA REVISION	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
36835	INSERTION OF THOMAS SHUNT	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
38780	REMOVE ABDOMEN LYMPH NODE	Added PA Requirement	Group Care
49186	OPN EXC/DSTR NTRA-ABD 5 CM/<	Added PA Requirement	Group Care
49187	OPN EXC/DSTR NTRA-ABD 5.1	Added PA Requirement	Group Care
49188	OPN EXC/DST NTRA-ABD 10.1	Added PA Requirement	Group Care
49189	OPN EXC/DST NTRA-ABD 20.1	Added PA Requirement	Group Care
49190	OPN EXC/DSTR NTRA-ABD >30	Added PA Requirement	Group Care
49203	EXC ABD TUM 5 CM OR LESS	Added PA Requirement	Group Care
49204	EXC ABD TUM 5 CM OR LESS	Added PA Requirement	Group Care
49205	EXC ABD TUM OVER 10 CM	Added PA Requirement	Group Care
49321	LAPAROSCOPY BIOPSY	Added PA Requirement	Group Care
49322	LAPAROSCOPY ASPIRATION	Added PA Requirement	Group Care
52402	CYSTOURETHRO CUT EJACUL D	Added PA Requirement	Group Care
54160	CIRCUMCISION NEONATE	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
54640	SUSPENSION OF TESTIS	Added PA Requirement	Group Care
54650	ORCHIOPEXY, ABD APP, F/IN	Added PA Requirement	Group Care
54692	LAPAROSCOPY ORCHIOPEXY	Added PA Requirement	Group Care
54860	REMOVAL OF EPIDIDYMIS	Added PA Requirement	Group Care
54861	REMOVAL OF EPIDIDYMES	Added PA Requirement	Group Care

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HCPCS Code	HCPCS Description	Action	Line of Business (LOB) Impacted
54865	EXPLORE EPIDIDYMIS	Added PA Requirement	Group Care
54900	FUSION OF SPERMATIC DUCTS	Added PA Requirement	Group Care
54901	FUSION OF SPERMATIC DUCTS	Added PA Requirement	Group Care
55000	DRAINAGE OF HYDROCELE	Added PA Requirement	Group Care
55110	EXPLORE SCROTUM	Added PA Requirement	Group Care
55300	PREPARATION, SPERM DUCT X-	Added PA Requirement	Group Care
55535	REVISE SPERMATIC CORD VEI	Added PA Requirement	Group Care
55540	REVISE HERNIA & SPERM VEI	Added PA Requirement	Group Care
55870	ELECTROEJACULATION	Added PA Requirement	Group Care
55875	TRANSPERI NEEDLE PLACE PR	Added PA Requirement	Group Care
58140	REMOVAL OF UTERUS LESION	Added PA Requirement	Group Care
58145	REMOVAL OF UTERUS LESION	Added PA Requirement	Group Care
58146	MYOMECTOMY ABDOM COMPLEX	Added PA Requirement	Group Care
58340	INJECT FOR UTERUS/TUBE X-	Added PA Requirement	Group Care
58345	REOPEN FALLOPIAN TUBE	Added PA Requirement	Group Care
58350	CHROMOTUBATION OF OVIDUCT	Added PA Requirement	Group Care
58545	LAPAROSCOPIC MYOMECTOMY	Added PA Requirement	Group Care
58558	HYSTEROSCOPY BIOPSY	Added PA Requirement	Group Care
58559	HYSTEROSCOPY LYSIS	Added PA Requirement	Group Care
58560	HYSTEROSCOPY RESECT SEPTU	Added PA Requirement	Group Care
58561	HYSTEROSCOPY REMOVE MYOMA	Added PA Requirement	Group Care
58562	HYSTEROSCOPY REMOVE FB	Added PA Requirement	Group Care
58563	HYSTEROSCOPY ABLATION	Added PA Requirement	Group Care
58600	DIVISION OF FALLOPIAN TUB	Added PA Requirement	Group Care
58660	LAPAROSCOPY LYSIS	Added PA Requirement	Group Care
58661	LAPAROSCOPY REMOVE ADNEXA	Added PA Requirement	Group Care
58662	LAPAROSCOPY EXCISE LESION	Added PA Requirement	Group Care
58672	LAPAROSCOPY FIMBRIOPLASTY	Added PA Requirement	Group Care
58673	LAPAROSCOPY SALPINGOSTOMY	Added PA Requirement	Group Care
58700	REMOVAL OF FALLOPIAN TUBE	Added PA Requirement	Group Care
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	Added PA Requirement	Group Care
58740	REVISE FALLOPIAN TUBE(S)	Added PA Requirement	Group Care

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HCPCS Code	HCPCS Description	Action	Line of Business (LOB) Impacted
58750	REPAIR OVIDUCT	Added PA Requirement	Group Care
58752	REVISE OVARIAN TUBE(S)	Added PA Requirement	Group Care
58760	FIMBRIOPLASTY	Added PA Requirement	Group Care
58770	CREATE NEW TUBAL OPENING	Added PA Requirement	Group Care
58800	DRAINAGE OF OVARIAN CYST	Added PA Requirement	Group Care
58805	DRAINAGE OF OVARIAN CYST	Added PA Requirement	Group Care
58820	DRAINAGE OF OVARIAN ABSCE	Added PA Requirement	Group Care
58822	DRAINAGE OF OVARIAN ABSCE	Added PA Requirement	Group Care
58900	BIOPSY OF OVARY(S)	Added PA Requirement	Group Care
58920	PARTIAL REMOVAL OF OVARY	Added PA Requirement	Group Care
58925	REMOVAL OF OVARIAN CYST(S)	Added PA Requirement	Group Care
58970	RETRIEVAL OF OOCYTE	Added PA Requirement	Group Care
58974	EMBRYO TRANSFER INTRAUTER	Added PA Requirement	Group Care
58976	TRANSFER OF EMBRYO	Added PA Requirement	Group Care
0664T	DON HYSTERECTOMY OPEN CDV	Added PA Requirement	Group Care
0665T	DON HYSTERECTOMY OPEN LIV	Added PA Requirement	Group Care
0666T	DON HYSTERECTOMY LAPS LIV	Added PA Requirement	Group Care
0667T	DON HYSTERECTOMY RCP UTER	Added PA Requirement	Group Care
99202	OFFICE O/P NEW SF 15 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99203	OFFICE O/P NEW LOW 30 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99204	OFFICE O/P NEW MOD 45 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99205	OFFICE O/P NEW HI 60 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99211	OFF/OP EST MAY X REQ PHY/QHP	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99212	OFFICE O/P EST SF 10 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99213	OFFICE O/P EST LOW 20 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness

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HCPCS Code	HCPCS Description	Action	Programs Impacted
99214	OFFICE O/P EST MOD 30 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99417	PROLNG OP E/M EACH 15 MIN	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
99451	NTRPROF PH1/NTRNET/EHR 5/>	Added PA Requirement (Tertiary-Quaternary only)	Group Care, Medi-Cal, Alameda Alliance Wellness
11042	Debridement of subcutaneous tissue	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness
11045	Debridement of subcutaneous tissue	Added PA Requirement	Group Care, Medi-Cal, Alameda Alliance Wellness