



Important Update: Hospice Procedure or Revenue Codes That Require Authorization

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

Our provider partner satisfaction is a top priority. We are working to improve our Utilization Management and Claims processes to help ensure proper claim payment to our provider partners, and alignment of authorized services. To accomplish this goal, we are reviewing each benefit and we will be sending you updates, as the information is ready to share.

This communication provides an update on Hospice procedure or revenue codes that require prior authorization.

This will affect claims with the date(s) of service starting Monday, April 29, 2024, and onward. Enclosed with this notice is a code-specific list of **hospice** codes that shows which codes require PA. This list is also available on the Alliance website at www.alamedaalliance.org/providers/authorizations. Please refer to our website for the most up-to-date information about codes or benefits that require authorization.

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

In addition to the codes, our claims system will also validate that the claim received matches the authorization when authorization is required. The following items will be validated:

- Member name
- Provider NPI
- CPT and HCPC coding
- Date(s) of service is within the authorized range
- Number of units and/or visits
- Place of service matches site of care submitted on the authorization request form
- National Drug Codes (NDCs) approved by the FDA are required on claims submissions
- Claims missing and/or without a matching NDC on a claim will be denied

This update has been validated based on current and published billable coding for (enter year) and was confirmed to be covered by the California Department of Health Care Services (DHCS). If you have questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

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

Questions? Please call the Alliance Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**
www.alamedaalliance.org

ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA) PROCEDURE CODES FOR HOSPICE

Before services are provided, please check:

Member Eligibility ▪ Medical Group ▪ Benefit Coverage ▪ Contracted Provider ▪ Medi-Cal Excluded Code

Questions? Please call the Alliance Provider Services Department at **1.510.747.4510**

SERVICE CATEGORY	PROCEDURE/ REVENUE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Hospice	T2045	Hospice General Inpatient Care Per Diem	Alameda Alliance for Health or Delegate
	0655	Hospice Service - Inpatient Respite Care	Alameda Alliance for Health or Delegate
	0656	Non-Respite	Alameda Alliance for Health or Delegate