



Important Update: Infusion 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 infusion codes that require prior authorization.

This will affect claims with the date(s) of service starting Monday, April 15, 2024, and onward. Enclosed with this notice is a code-specific list of **infusion codes** that shows which codes require prior authorization. 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 prior 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.

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 INFUSION

Before services are provided, please check:

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

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

| SERVICE CATEGORY | PROCEDURE CODE | PROCEDURE CODE DESCRIPTION | SUBMIT AUTHORIZATION REQUEST TO |
|------------------|-------------------------|---|---|
| Infusion | 36260 | INSERTION OF INFUSION PUMP | Alameda Alliance For Health or Delegate |
| | A4222 | INFUS SPL EXT RX INFUS PUMP CAS/BAG | Alameda Alliance For Health or Delegate |
| | A4223 | INFUS SPL NO EXT INFUS PUMP CAS/BAG | Alameda Alliance For Health or Delegate |
| | A4224 | All inclusive code for pump supplies | Alameda Alliance For Health or Delegate |
| | A4230 | INFUS SET EXT INSULIN PUMP NONNDLE | Alameda Alliance For Health or Delegate |
| | A4231 | INFUS SET EXT INSULIN PUMP NEEDLE | Alameda Alliance For Health or Delegate |
| | A4232 | SYRINGE NDLE EXT INSULIN PUMP STERL | Alameda Alliance For Health or Delegate |
| | A9900 | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS | Alameda Alliance For Health or Delegate |
| | E0776 | IV POLE | Alameda Alliance For Health or Delegate |
| | E0779 | AMB INFUS PUMP MECH INFUS 8 HR/> | Alameda Alliance For Health or Delegate |
| | E0780 | AMB INFUS PUMP MECH INFUS < 8 HR | Alameda Alliance For Health or Delegate |
| | E0781 | AMB INFUS PUMP 1/MX CHANNL W/ADMIN | Alameda Alliance For Health or Delegate |
| | E0786 | IMPLNT PROGRAM INFUSION PUMP-REPL | Alameda Alliance For Health or Delegate |
| | E1399 | DME MISCELLANEOUS | Alameda Alliance For Health or Delegate |
| | G0088 | P SVC INI V ADM ANT-INF PM H EA 15M | Alameda Alliance For Health or Delegate |
| | G0089 | PROF SVC INI V ADM SUB IMT/OTH INF | Alameda Alliance For Health or Delegate |
| | 96379 | UNL THER/PROP/DIAG INJ/INF | Alameda Alliance For Health or Delegate |
| | K0455 | INFUS PUMP UNINTRPT PARNTRAL MED | Alameda Alliance For Health or Delegate |
| Q2043 | SIPULEUCEL-T AUTO CD54+ | Alameda Alliance For Health or Delegate | |