



2023 Quarter 3 Provider Packet In-Person Visits by Provider Services have Resumed!

The Alliance is pleased to report that we have resumed in-person visits. Provider Relations Representatives are available to meet with you in person, by phone, and by virtual meetings.

Below are ways that you can access Alliance updates and reach out to us for assistance:

- Contact your Provider Relations Representative directly by email or phone:
 - Errin Poston: eposton@alamedaalliance.org, 1.510.747.6291
 - Tom Garrahan: tgarrahan@alamedaalliance.org, 1.510.747.6137
 - Shawanna Emmerson: semerson@alamedaalliance.org, 1.510.995.1202
 - Maria Rivera: mrivera@alamedaalliance.org, 1.510.747.6094
 - Leticia Alejo (Delegated Groups/Hospitals): lalejo@alamedaalliance.org, 1.510.373.5706
- Email us at providerservices@alamedaalliance.org
- Contact our Provider Call Center at 1.510.747.4510
- Visit the provider section of our website at www.alamedaalliance.org/providers

THIS PACKET INCLUDES:

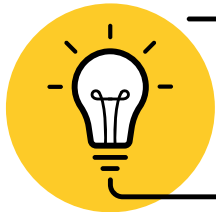
- | | |
|--|---|
| 1. Provider Satisfaction Did You Know Notices | 9. Q3 2023 Preventive Services Guidelines (USPSTF) Notice |
| 2. Provider Demographic Attestation Form | 10. 2023 Quality Improvement Measure Highlight – Follow-Up After Emergency Department Visit for Substance Use (FUA) |
| 3. Enhance Care Management (ECM) and Community Supports (CS) Services Expansion Notice | 11. 2023 Measure Highlight – Follow-Up After Emergency Department Visit for Mental Illness (FUM) |
| 4. Billing for Telehealth Services Notice | 12. Applied Behavior Analysis (ABA) and Behavioral Health Treatment (BHT) Services Primary Care Provider FAQs |
| 5. Timely Access Standards Notice | |
| 6. Continuity of Care (CoC) for Members with Long-Term Care (LTC) is Ending Notice | |
| 7. Utilization Management (UM) Medication Codes that Require Authorization Notice | |
| 8. Specialty Surgery Codes that Require Authorization Notice | |

Accepting New Patients
 Accepting Existing Patients
 Not Accepting Patients

Comments: _____

Provider/Office Staff Print: _____

Provider/Office Staff Signature: _____



Did you know?

THE ALLIANCE CONDUCTS A YEARLY PROVIDER SATISFACTION SURVEY.

We are here for you. We strive to give the highest levels of customer service to our provider partners. Every year, the Alliance conducts the Provider Satisfaction Survey to help us learn how we can serve you better. We use these results to find out what is working and what we need to improve.

When you speak, we listen.

ABOUT THIS SURVEY

Who: Alliance network providers including primary care providers (PCPs), specialists, and behavioral health providers. Survey respondents include nurses and other provider office staff, physicians, office managers, and behavioral health clinicians.

What: The survey measures how well we meet your expectations and needs within various Alliance service areas and share open-ended feedback on how the Alliance can improve our service to your organization.

When: The survey is conducted annually between September and November.

Why: Information from these surveys helps the Alliance serve you better.

How: Surveys are completed through a third-party vendor, by mail and online, with follow-up phone calls to non-respondents.

Below are the areas we evaluate in the survey:

- Call Center staff
- Overall satisfaction compared to other health plans
- Network coordination of care
- Pharmacy
- Provider relations
- Reimbursement and claims
- Utilization and quality management

We work to continue to get better and we want you to know what we have learned and improved. Over the next several weeks we will share key takeaway **Did You Know** facts with you, and we hope that you will continue to help make us stronger, together.

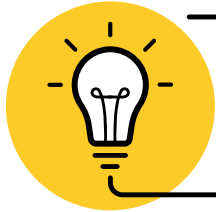
We are always open to hearing feedback from our providers on how we can improve. More training and open forums for providers will be coming soon.



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

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Did you know?

THE ALLIANCE HAS A DEDICATED PROVIDER CALL CENTER.

The Alliance Provider Call Center is available to assist with any questions or inquiries you may have.

- We received more than 47,000 calls since January 2023.
- We received callback requests for over 1,400 calls. The callback feature allows providers to hold their place in line and receive a return call when it's their turn to speak with a Provider Relations representative. It also alleviates the need to leave a voicemail and wait for a return call.
- The average hold time is 4 minutes.
- We recently expanded our in-house services, and since April 1, 2023, we received over 500 behavioral health calls.

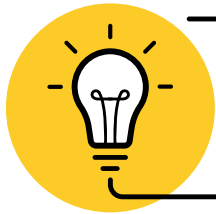
We are here to help! If you have any questions, please call us!



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Did you know?

THE ALLIANCE IS BEATING THE BENCHMARK FOR CLAIM PROCESSING.

Claims stats:

- Regulatory Requirement – 90% of clean claims must be processed within **30 calendar days**. The Alliance's 12-month average is **97.6%**.
- Regulatory Requirement – 95% of all claims must be processed within **45 working days**. The Alliance's 12-month average is **99.9%**.
- The average turnaround time from receipt to payment is **18.3 days**.

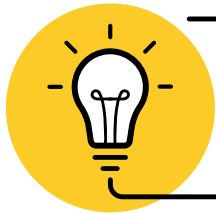
The Alliance receives more than **6,484** claims a day, almost **45,385** a week, **196,667** a month,



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Did you know?

THE ALLIANCE HAS DEDICATED PROVIDER RELATIONS REPRESENTATIVES.

The Alliance dedicated Provider Relations representatives are available to assist with any questions or inquiries that you may have. We are available by phone and email, and we can visit your office to meet and say hello to get to know our network!

Some of our services include:

- New provider training and ongoing education
- Provider townhall meetings and webinars
- Help with getting you a quick answer on any operational questions such as:
 - How to use the Alliance Provider Portal
 - Where to submit claims
 - Questions related to member benefits.
 - Escalated issues or claims

We have a team of five (5) representatives that are happy to help and serve you, please reach out!

Errin Poston

Email: eposton@alamedaalliance.org

Phone: **1.510.747.6291**

Leticia Alejo (Delegates and hospitals)

Email: lalejo@alamedaalliance.org

Phone: **1.510.373.5706**

Maria Rivera

Email: mrivera@alamedaalliance.org

Phone: **1.510.747.6094**

Shawanna Emerson

Email: semerson@alamedaalliance.org

Phone: **1.510.995.1202**

Tom Garrahan

Email: tgarrahan@alamedaalliance.org

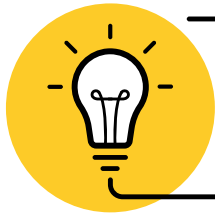
Phone: **1.510.747.6137**



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Did you know?

WE ENHANCED OUR ONLINE PROVIDER PORTAL.

The enhancements to the Alliance Provider Portal have increased the ability for providers to submit requests electronically and/or obtain information more quickly. Electronic submissions also help the Alliance receive the requests faster and get a decision back to you quicker.

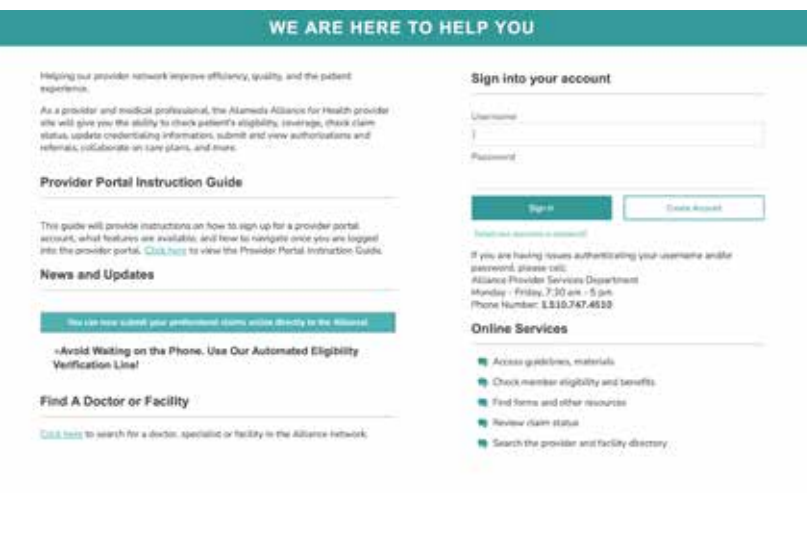
Services that can be accessed through the Alliance Provider Portal:

- Electronically submit a professional claim, including secondary claims
- Electronically submit requests for authorization
- Electronically submit requests for interpreter services
- View member eligibility, including coordination of benefit information
- View and receive member rosters and gap-in-care reports for assigned members

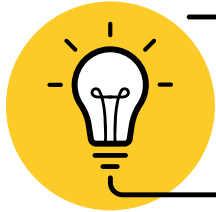
To sign up for the Alliance Provider Portal, please complete the following steps:

1. Go to the Alliance website at www.alamedaalliance.org
2. Select **Provider Portal** on the top right of the home page
3. Select **Create Account**

On the Alliance Provider Portal landing page, you can also download the **Provider Portal Instruction Guide**. The guide provides key information on how to create an account, check a patient's eligibility, coverage, and claim status, submit and view authorizations and referrals, submit a provider appeal or dispute, and more.



Questions? Please call the Alliance Provider Services Department
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www.alamedaalliance.org



Did you know?

THE ALLIANCE IS HERE TO PARTNER WITH OUR PROVIDERS TO IMPROVE HEALTH OUTCOMES.

In 2022 we awarded more than **\$60,000** in member incentives through over **2,500** gift cards given to members for making and keeping their doctor's appointments. This year, we partnered with **23** primary care providers (PCPs) to help improve quality outcomes. We have also partnered with PCP offices and clinics to offer mobile mammography. Mobile mammography was covered by the Alliance and made available at PCP sites to see members.

We are grateful for our PCP network and happy to work with any providers who are interested. We are always looking for more providers to partner with and work together to make strides in improving access and closing gaps in care to increase better health in our community and your pay-for-performance (P4P) scores. We are always looking for more providers to partner with and work together to make strides in improving access and closing gaps in care to increase better health in our community and your pay-for-performance scores.

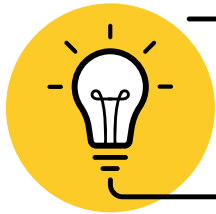
To partner with us and offer these services, please email the Alliance Quality Improvement Department at deptqiteam@alamedaalliance.org.



Questions? Please call the Alliance Provider Services Department
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Did you know?

THE ALLIANCE SUPPLIES INTERPRETER SERVICES AT NO COST TO ALLIANCE MEMBERS.

The Alliance offers interpreter services at no cost to our members for most health care visits and administrative communications. Providers may now request in-person or video interpreter services for eligible Alliance members by completing an **Interpreter Services Request Form** either by fax or the online Alliance Provider Portal.

You can use the steps below to request an in-person or video interpreter from the online Alliance Provider Portal:

1. Go to the Alliance website at www.alamedaalliance.org
2. Select **Provider Portal** on the top right of the home page
3. Select **Create Account**
4. Select the **Forms** icon on the right panel
5. Select **Interpreter Request Form**

Before submitting an **Interpreter Services Request Form**, please confirm your patient's eligibility by hovering over **Member Info** in the navigation toolbar and selecting **Member Eligibility**.

The Alliance receives and schedules an average of **812** requests each month and close to **9,000** each year. As of the second quarter of 2023, we received a total of **2,057 (47%)** of our interpreter service requests through the online Alliance Provider Portal. We continue to see an increase in providers using the portal to send their interpreter service requests as we trend into quarter 3.

For more information or if you have any questions about our interpreter services, please call:

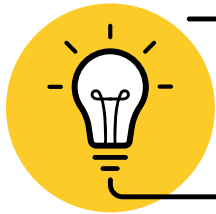
Provider Services Department
Monday – Friday, 7:30 am – 5 pm
Phone Number: **1.510.747.4510**

Thank you for your continued dedication to ensuring your patient's cultural and linguistic needs are fulfilled.



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Did you know?

IN 2022, THE ALLIANCE SENT OVER 300 CARE BOOKS WITH HEALTH EDUCATION INFORMATION TO OUR MEMBERS.

The Alliance member health educational material is easy to read and accessible in multiple languages. Our member communications are written at the 6th-grade reading level and available in English, Spanish, Chinese, Vietnamese, Tagalog, Arabic, and other languages, or formats by request.

You can request the Alliance Care Books listed below for your Alliance patients:

- Asthma
- Diabetes
- Eat Well Be Active (adults)
- Live Healthy 5-2-1-0 (children)
- Heart Health
- Kidney Failure
- Preventive Care
- Pregnancy



Health Education Program Referrals

Can your patient benefit from a healthy lifestyle program, disease self-management class, or other type of support? The Alliance **Provider Health Education Resource Directory** lists programs available at no cost to our members. You can refer members directly or fax us the **Provider Wellness Program & Materials Request Form** to request on behalf of your patient.

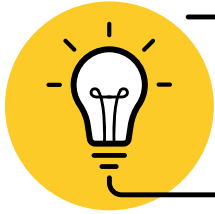
Please visit www.alamedaalliance.org/patient-health-wellness-education to download the **Provider Wellness Program & Materials Request Form** and **Provider Health Education Resource Directory**.

Thank you for all you do to improve the health and well-being of Alliance members and our community!

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Did you know?

STARTING ON SATURDAY, APRIL 1, 2023, THE ALLIANCE INSOURCED THE ADMINISTRATION OF BEHAVIORAL HEALTH SERVICES.

You speak, and we listen. We conducted listening sessions with many providers and community partners who all noted that having a direct relationship for behavioral health with the plan would help integration, communication, and continuum of services across all provider types.

Since Saturday, April 1, 2023, and as of Saturday, July 1, 2023, the Alliance has:

- Contracted and credentialed over **1,000** rendering providers to provide behavioral health (BH) and applied behavioral analysis (ABA) services.
- Approved over **650** requests for authorization for ABA services.
- Implemented the No Wrong Door (NWD) policies which allow Medi-Cal members to be seen by county and outpatient care at the same time if services are not duplicated.
- Conducted town hall training and one-to-one training with providers.
- Answered over **500** calls from providers related to BH services.



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Did you know?

THE ALLIANCE RECEIVED OVER 91,000 REQUESTS FOR AUTHORIZATION LAST YEAR.

- Our top three (3) requested service types are:
 1. Radiology
 2. Rehab
 3. Home Health
- Regulators require requests for standard authorizations to be processed within **five (5) business days**. The Alliance's 12-month average is **three (3) business days**.
- The Alliance extended its retroactive policy from **30 days to 90 days**. This gives providers additional time to submit a retrospective authorization request to be reviewed for medical necessity.



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The Alliance is Expanding Enhanced Care Management (ECM) and Community Support (CS) Services

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. As part of the state's CalAIM initiative, we have an exciting update about the Alliance's expansion of Enhanced Care Management (ECM) and Community Supports (CS) that we want to share with you.

On Saturday, July 1, 2023, the Alliance expanded its population of focus (PoF) to include members of all ages for ECM and now offers three (3) added CS services noted below with an asterisk (*).

Please help us find members who may qualify for ECM and CS. Below is a complete list of services offered and information about how you can help refer members for these great benefits.

Enhanced Care Management (ECM)

Enhanced Care Management (ECM) is a benefit that provides extra care coordination services to members of all ages now with highly complex needs.

Members who qualify for ECM will have their own care team, including care coordinators, doctors, specialists, pharmacists, case managers, social service workers, and others to make sure everyone works together.

ECM also includes:

- Comprehensive assessment and care management
- Comprehensive transitional care
- Coordination and referral to community and social supports
- Enhanced coordination of care
- Health promotion
- Member and family support services
- Outreach and engagement

Community Supports (CS)

Community Supports (CS) are medically appropriate cost-effective alternatives to services covered under the state Medi-Cal program. These services are optional and may help members live more independently. These services do not replace any benefits that members receive through Medi-Cal.

The Alliance is currently offering the following CS services:

- Asthma Remediation
- (Caregiver) Respite Services*
- Environmental Accessibility Adaptations (Home Modifications)*
- Homeless-related CS (housing transition navigation, housing deposits, and housing tenancy & sustaining services)
- Medically Tailored/Supportive Meals
- Personal Care & Homemaker Services*
- Recuperative Care (Medical Respite)

Alliance members may be referred for these services by contacting:

Alliance Case Management Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4512**
Toll-Free: **1.877.251.9612**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Thank you for the high-quality care you continuously provide to your patients and our 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



Important Reminder: Billing for Telehealth Services

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We appreciate the access to care and services you continue to provide via in-person and telehealth visits. We are sharing an important reminder about Medi-Cal billing requirements for telehealth services and newly established criteria to provide services via telehealth.

Video and Audio Requirements

Effective Monday, January 1, 2024, all providers conducting telehealth via audio-only synchronous interactions must also offer those same services via video synchronous interactions.

Provider furnishing services through video or audio-only synchronous interaction must also do one (1) of the following:

- Offer those same services via in-person, face-to-face contact.
- Arrange for a referral to and facilitation of in-person care that does not require a member independently contact a different provider to arrange for that care.
- Document member consent prior to the initial delivery of covered services via telehealth.
- Inform the member telehealth is voluntary, and consent for telehealth may be withdrawn at any time without affecting their ability to access Medi-Cal-covered benefits and services in the future.
- Inform the member about the ability to use non-medical transportation (NMT) for in-person visits. Please direct Alliance members to call the Alliance Transportation Services toll-free at **1.866.791.4158**.
- Inform the member of the potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Model Language for Telehealth Patient Consent

We included a copy of the California Department of Health Care Services (DHCS) Telehealth Policy Implementation Patient Consent – Model Language with this notice. An electronic copy can also be found on the DHCS website at **www.dhcs.ca.gov/provgovpart/Documents/Patient-Consent-Model-Written-Verbal-Language.pdf**. Providers can use the DHCS language as a resource.

Please Note: Providers must document when a member consents to receive covered services via telehealth before the initial delivery of the services. Member consent can be obtained verbally or in writing and then documented by the provider.

Requirements to Provide Telehealth Services

Telehealth modality may only be provided and reimbursed if all of the following criteria are satisfied:

1. The treating provider at the distant site believes the covered services being provided are clinically appropriate to be delivered via telehealth based on evidence-based medicine and/or best clinical judgment.
2. The member has provided verbal or written consent.
3. The medical record documentation substantiates that the covered services delivered via telehealth meet the procedural definition and components of the CPT-4 or HCPCS code(s) associated with the covered service.

Providers are not required to:

- a. Document a barrier to an in-person visit for covered services provided via telehealth (WIC section 14132.72(d)); or
 - b. Document the cost-effectiveness of telehealth reimbursement for covered services provided via a telehealth modality.
4. The covered services provided via telehealth meet all state and federal laws regarding the confidentiality of health care information and a member’s right to their medical information.

Telehealth Billing – Place of Service Codes and Modifiers

Telehealth visits may ONLY use CPT codes for an office visit with the appropriate place of service and/or modifier option, regardless of the modality. Providers will continue to be reimbursed at the contracted rate for office visits for these services and are responsible for determining the appropriate place of service code and modifier option to use based on the visit and guidance by DHCS.

Place of Service Code	Modifier Options	Modifier Description
02 – Telehealth Provided Other than in Patient’s Home. Or 10 – Telehealth Provided in Patient’s Home.	95	For services or benefits provided via synchronous, interactive audio and visual telecommunications systems . Synchronous means a real-time interaction between a patient and a health care provider located at a distant site.
	GQ	For services or benefits provided via asynchronous store and forward telecommunications systems . Asynchronous store and forward means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.
	93	For services or benefits provided via synchronous telephone or other real-time interactive audio-only telecommunications systems . Synchronous means a real-time interaction between a patient and a health care provider located at a distant site.

Telehealth Resources

- DHCS website www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx
- DHCS Telehealth Resource Page for Providers
www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx
- California Code, Business and Professions Code - BPC § 2290.5
- Senate Bill 184

Thank you for your continued partnership. We appreciate you for all your hard work and for providing high-quality care to our members and community. Together, we are creating a healthier community for all.

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



Provider Demographic Attestation Form

INSTRUCTIONS:

1. Please print clearly.
2. Please return form by fax to Alameda Alliance for Health (Alliance)
Fax Number: **1.855.891.7257**

For questions, please call the Alliance Provider Services Department at **1.510.747.4510**.

PROVIDER INFORMATION	
PROVIDER/CLINIC NAME	PROVIDER TAX ID
SITE ADDRESS	
MAIN PHONE NUMBER	FAX NUMBER
HOURS OF OPERATION	
CLINIC EMAIL ADDRESS	
LANGUAGES SPOKEN	ACCEPTING PATIENTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ONLY EXISTING

PROVIDER NAME	PROVIDER NPI	IS THIS PROVIDER STILL AFFILIATED WITH THIS PRACTICE?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

Date Update Completed (MM/DD/YYYY): ____ / ____ / ____
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Notes:

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www.alamedaalliance.org



Important Reminder: Continuity of Care (CoC) for Members with Long-Term Care (LTC) is Winding Down

At Alameda Alliance for Health (Alliance), we value our dedicated provider community and the relationships with our provider partners in caring for our members in Long-Term Care (LTC) settings. We have an important update about the Department of Health Care Services (DHCS)-mandated Continuity of Care (CoC) period ending for both members in facilities and for external services provided to members while in facilities.

As you may already know, **DHCS ended new requests for LTC CoC on Friday, June 30, 2023.** The Alliance has noted some Alliance members living in LTC facilities still may not have authorization from the Alliance for the facility bed or ancillary services. To help further support a smooth transition from fee-for-service (FFS) Medi-Cal coverage to the Alliance Medi-Cal managed care, **the Alliance will extend requests for CoC authorizations until Saturday, September 30, 2023.** This extension applies to members who were in custodial care before transitioning to the Alliance.

If you have Alliance members without authorization for custodial services or LTC residents receiving ancillary/professional services, please submit an authorization request.

There are two (2) ways to complete the Authorization Request Form (ARF):

- 1. Submit electronically through the Alliance Provider Portal**
 - a. Visit the Alliance website at www.alamedaalliance.org and select **Provider Portal** in the upper right corner.
 - b. Log in to the Provider Portal
 - c. Select **Forms**
 - d. Select **Long-Term Care (LTC) Forms**
- 2. Fax the form to the Alliance Long-Term Care (LTC) Department**
 - a. Visit the Alliance website at www.alamedaalliance.org/providers/calaim/long-term-care
 - b. Download and complete the appropriate LTC form.
 - c. Fax the completed form to the Alliance Long-Term Care (LTC) Department at **1.510.747.4191**.

The Alliance may deny claims submitted on or after **Sunday, October 1, 2023**, for LTC services, room and board, or ancillary/professional if an authorization is not on file.

Authorization requests received after **Saturday, September 30, 2023**, may be eligible for retroactive review. However, the Alliance has a 90-day look-back limit for consideration of retroactive authorizations.

If you have any questions, please contact the LTC Department or the Alliance Long-term Services and Supports (LTSS) provider liaison, Laura Grossmann-Hicks at **1.510.995.1224** or email lgrossmann@alamedaalliance.org.

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

Questions? Please call the Alliance Long-Term Care (LTC) Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4191**
www.alamedaalliance.org



Important Update: Utilization Management (UM) Medication (Physician or Facility-Administered Medications/Injections in All Settings) 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 Utilization Management (UM) Medications (including physician or facility-administered medications/injections in all settings) codes that require prior authorization. This does not include outpatient pharmacy services through the member's pharmacy benefit.

This will affect claims with the date(s) of service starting Friday, September 1, 2023, and onward. Enclosed with this notice is a code-specific list 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).

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 Utilization Management (UM) Medications

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
UM Medications	A9513	LUTETIUM LU 177 DOTATATE	Alameda Alliance for Health or Delegate
	A9543	IBRITUMOMAB TIUXETAN	Alameda Alliance for Health or Delegate
	A9604	SAMARIUM SM-153 LEXIDRONAM	Alameda Alliance for Health or Delegate
	A9606	RADIUM RA 223 DICHLORIDE	Alameda Alliance for Health or Delegate
	J0129	ORENCIA (ABATACEPT) 10 MG	Alameda Alliance for Health or Delegate
	J0135	HUMIRA (ADALIMUMAB) 20MG	Alameda Alliance for Health or Delegate
	J0178	EYLEA (AFLIBERCEPT) 1 MG	Alameda Alliance for Health or Delegate
	J0180	FABRAZYME (AGALSIDASE BETA) 1 MG	Alameda Alliance for Health or Delegate
	J0185	APREPITANT, 1MG	Alameda Alliance for Health or Delegate
	J0220	MYOZYME (ALGLUCOSIDASE ALFA) 10 MG	Alameda Alliance for Health or Delegate
	J0221	LUMIZYME INJECTION (ALGLUCOSIDASE ALFA) 10 MG	Alameda Alliance for Health or Delegate
	J0256	PROLASTIN (ALPHA 1 PROTEINASE INBITOR) 10 MG	Alameda Alliance for Health or Delegate
	J0257	GLASSIA (ALPHA 1 PROTEINASE INBITOR) 10 MG	Alameda Alliance for Health or Delegate
	J0480	SIMULECT (BASILIXIMAB) 10 MG	Alameda Alliance for Health or Delegate
	J0485	NULOJIX (BELATACEPT) 1 MG	Alameda Alliance for Health or Delegate
	J0585	BOTOX (ONABOTULINUMTOXINA), PER 1 UNIT	Alameda Alliance for Health or Delegate
	J0586	DYSPORE (ABOBOTULINUMTOXINA) 5 UNITS	Alameda Alliance for Health or Delegate
	J0587	MYOBLOC (RIMABOTULINUMTOXINB), BOTULINUM TOXIN TYPE B, PER 100 UNITS	Alameda Alliance for Health or Delegate
	J0588	XEOMIN (INCOBOTULINUMTOXIN A) 1 UNIT	Alameda Alliance for Health or Delegate
	J0597	BERINERT (C-1 ESTERASE) 10 UNITS	Alameda Alliance for Health or Delegate
J0598	CINRYZE (C-1 ESTERASE) 10 UNITS	Alameda Alliance for Health or Delegate	
J0638	ILARIS (CANAKINUMAB) 1 MG	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J0641	LEVOLEUCOVORIN 0.5 MG	Alameda Alliance for Health or Delegate
	J0717	CERTOLIZUMAB PEGOL 1MG	Alameda Alliance for Health or Delegate
	J0800	INJECTION CORTICOTROPIN UP 40 UNITS (Alliance Group Care only; not covered by Medi-Cal)	Alameda Alliance for Health or Delegate
	J0881	ARANESP (DARBEPOETIN ALFA, NON-ESRD) 1 MCG	Alameda Alliance for Health or Delegate
	J0882	DARBEPOETIN ALFA, ESRD USE 1 MCG	Alameda Alliance for Health or Delegate
	J0885	EPOETIN ALFA, NON-ESRD 1000 UNITS	Alameda Alliance for Health or Delegate
	J0887	MIRCERA (EPOETIN BETA) ESRD USE 1 MCG	Alameda Alliance for Health or Delegate
	J0894	DECITABINE INJECTION 1 MG	Alameda Alliance for Health or Delegate
	J0897	PROLIA (DENOSUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J1300	SOLIRIS (ECULIZUMAB) 10 MG	Alameda Alliance for Health or Delegate
	J1303	RAVULIZUMAB-CWVZ 10 MG	Alameda Alliance for Health or Delegate
	J1325	INJECTION EPOPROSTENOL 0.5 MG	Alameda Alliance for Health or Delegate
	J1439	FERRIC CARBOXYMALTOS 1MG	Alameda Alliance for Health or Delegate
	J1442	FILGRASTIM G-CSF 1MCG	Alameda Alliance for Health or Delegate
	J1447	TBO FILGRASTIM (GRANIX) BIOSIMILAR 1 MCG	Alameda Alliance for Health or Delegate
	J1454	FOSNETUPITANT, PALONOSET	Alameda Alliance for Health or Delegate
	J1456	FOSAPREPITANT 1.65 MG	Alameda Alliance for Health or Delegate
	J1458	NAGLAZYME (GALSULFASE) 1 MG	Alameda Alliance for Health or Delegate
	J1459	IMMUNE GLOBULIN PRIVIGEN 500 MG	Alameda Alliance for Health or Delegate
	J1460	GAMMA GLOBULIN 1 ML	Alameda Alliance for Health or Delegate
	J1555	IMMUNE GLOBULIN CUVITRU 100 MG	Alameda Alliance for Health or Delegate
	J1556	IMMUNE GLOBULIN GLOB BIVIGAM 500MG	Alameda Alliance for Health or Delegate
	J1557	GAMMAPLEX (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1559	HIZENTRA (IMMUNE GLOBULIN) 100 MG	Alameda Alliance for Health or Delegate
	J1560	GAMMA GLOBULIN 10 ML	Alameda Alliance for Health or Delegate
	J1561	GAMUNEX INJECTION, GAMUNEX-C/GAMMAKED (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1562	VIVAGLOBIN (IMMUNE GLOBULIN) 100 MG	Alameda Alliance for Health or Delegate
	J1566	IMMUNE GLOBULIN, POWDER 500 MG	Alameda Alliance for Health or Delegate
	J1568	OCTAGAM (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J1569	GAMMAGARD LIQUID (IMMUNE GLOBULIN) 500 MG	Alameda Alliance for Health or Delegate
	J1571	HEPAGAM B	Alameda Alliance for Health or Delegate
	J1572	FLEBOGAMMA (IMMUNE GLOBULIN)	Alameda Alliance for Health or Delegate
	J1575	HYQVIA 100MG IMMUNEGLOBULIN 100 MG	Alameda Alliance for Health or Delegate
	J1599	IVIG NON-LYOPHILIZED, NOS IMMUNE GLOBULIN	Alameda Alliance for Health or Delegate
	J1675	INJ HISTRELIN ACTAT 10 MICROGMS	Alameda Alliance for Health or Delegate
	J1726	MAKENA, 10 MG	Alameda Alliance for Health or Delegate
	J1743	ELAPRASE (IDURSULFASE) 1 MG	Alameda Alliance for Health or Delegate
	J1745	REMICADE (INFLIXIMAB) EXCLUDE BIOSIMILAR 10 MG	Alameda Alliance for Health or Delegate
	J1786	CEREZYME (IMIGLUCERASE) 10 UNITS	Alameda Alliance for Health or Delegate
	J1826	INTERFERON BETA-1A INJ REBIF OR AVONEX 30 MCG	Alameda Alliance for Health or Delegate
	J1930	SOMATULINE DEPOT (LANREOTIDE) 1 MG	Alameda Alliance for Health or Delegate
	J1931	ALDURAZYME (LARONIDASE) 0.1MG	Alameda Alliance for Health or Delegate
	J1950	LEUPROLIDE ACETATE PER 3. 75 MG	Alameda Alliance for Health or Delegate
	J2323	NATALIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J2350	OCRELIZUMAB, 1MG	Alameda Alliance for Health or Delegate
	J2353	SANDOSTATIN (OCTREOTIDE, DEPOT) 1 MG	Alameda Alliance for Health or Delegate
	J2354	SANDOSTATIN (OCTREOTIDE NON- DEPOT) 25 MCG	Alameda Alliance for Health or Delegate
	J2357	XOLAIR (OMALIZUMAB) 5 MG	Alameda Alliance for Health or Delegate
	J2503	MACUGEN (PEGAPTANIB SODIUM) 0.3 MG	Alameda Alliance for Health or Delegate
	J2504	ADAGEN (PEGADEMASE BOVINE) 25 IU	Alameda Alliance for Health or Delegate
	J2506	PEGFILGRASTIM (NEULASTA) NO BIOSIMILAR	Alameda Alliance for Health or Delegate
	J2507	KRYSTEXXA (PEGLOTICASE) 1 MG	Alameda Alliance for Health or Delegate
	J2562	MOZOBIL (PLERIXAFOR) 1 MG	Alameda Alliance for Health or Delegate
	J2778	LUCENTIS (RANIBIZUMAB INJECTION) 0.1 MG	Alameda Alliance for Health or Delegate
	J2793	ARCALYST (RILONACEPT) 1 MG	Alameda Alliance for Health or Delegate
	J2796	NPLATE (ROMIPLOSTIM) 10 MCG	Alameda Alliance for Health or Delegate
	J2797	ROLAPITANT 0.5 MG	Alameda Alliance for Health or Delegate
	J2820	LEUKINE (SARGRAMOSTIM) 50 MCG	Alameda Alliance for Health or Delegate
	J2916	NA FERRIC GLUCONATE COMPLEX 12.5 MG	Alameda Alliance for Health or Delegate
J2941	INJECTION, SOMATROPIN, 1 MG	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J3111	ROMOSOZUMAB-AQQG (EVENITY) 1 MG	Alameda Alliance for Health or Delegate
	J3240	THYROTROPIN	Alameda Alliance for Health or Delegate
	J3262	ACTEMRA (TOCILIZUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J3285	TREPROSTINIL 1 MG	Alameda Alliance for Health or Delegate
	J3315	TRIPTORELIN PAMOATE 3.75 MG	Alameda Alliance for Health or Delegate
	J3357	STELARA (USTEKINUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J3380	VEDOLIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J3385	VPRIV (VELAGLUCERASE ALFA) 100 UNITS	Alameda Alliance for Health or Delegate
	J3396	VISUDYNE (VERTEPORFIN) 0.1 MG	Alameda Alliance for Health or Delegate
	J3490	UNCLASSIFIED DRUGS	Alameda Alliance for Health or Delegate
	J3490	TECENTRIQ	Alameda Alliance for Health or Delegate
	J3490 with	HUMIRA (ADALIMUMAB) 20 MG	Alameda Alliance for Health or Delegate
	J3590	UNCLASSIFIED BIOLOGICS	Alameda Alliance for Health or Delegate
	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I. U. VWF:RCO (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I. U. (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN) (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I. U. (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J7191	FACTOR VIII AHF PORCINE PER IU (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON- RECOMBINANT) PER I. U. (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7194	FACTOR IX, COMPLEX, PER I. U. (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I. U. (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED (Alliance Group Care only; carved out to State for Medi-Cal)	Alameda Alliance for Health or Delegate
	J7321	HYALGAN/SUPARTZ (HYALURONATE) PER DOSE	Alameda Alliance for Health or Delegate
	J7322	HYMOVIS INJECTION 1 MG OR SYNVISIC (HYALURONIC ACID)	Alameda Alliance for Health or Delegate
	J7323	EUFLEXXA (SODIUM HYALURONATE) PER DOSE	Alameda Alliance for Health or Delegate
	J7324	ORTHOVISIC (HYALURONIC ACID) PER DOSE	Alameda Alliance for Health or Delegate
	J7325	SYNVISC OR SYNVISIC-ONE (HYALURONIC ACID), 1 MG	Alameda Alliance for Health or Delegate
	J7326	GEL-ONE (HYALURONATE)	Alameda Alliance for Health or Delegate
	J7336	CAPSAICIN 8% PATCH	Alameda Alliance for Health or Delegate
	J7504	LYMPHCYT GLOB EQUINE PARNTRAL 250MG	Alameda Alliance for Health or Delegate
	J7511	LYMPHCYT GLOB RABBIT PARNTRAL 25MG	Alameda Alliance for Health or Delegate
	J7599	IMMUNOSUPPRESSIVE DRUG NOC (Alliance Group Care only; not covered by Medi-Cal)	Alameda Alliance for Health or Delegate
	J7639	PULMOZYME (DORNASE ALFA) NON-COMP UNIT (Alliance Group Care only; not covered by Medi-Cal)	Alameda Alliance for Health or Delegate
	J7682	TOBRAMYCIN INHAL NON-CP UNIT 300 MG (Alliance Group Care only; not covered by Medi-Cal)	Alameda Alliance for Health or Delegate
	J7685	TOBRAMYCIN INHAL CP THRU DME 300 MG (Alliance Group Care only; not covered by Medi-Cal)	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9000	DOXORUBICIN HCL, 10 MG	Alameda Alliance for Health or Delegate
	J9015	ALDESLEUKIN 10 MG	Alameda Alliance for Health or Delegate
	J9017	ARSENIC TRIOXIDE 1 MG	Alameda Alliance for Health or Delegate
	J9019	ERWINAZE (ASPARAGINASE ERWINIA CHRYSANTHEMI) 1,000 IU	Alameda Alliance for Health or Delegate
	J9020	ELSPAR (ASPARAGINASE) 10,000 UNITS	Alameda Alliance for Health or Delegate
	J9021	ASPARAGINASE, RECOMBINANT, (RYLAZE)	Alameda Alliance for Health or Delegate
	J9022	ATEZOLIZUMAB,10 MG	Alameda Alliance for Health or Delegate
	J9023	AVELUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9025	VIDAZA (AZACITIDINE) 1MG	Alameda Alliance for Health or Delegate
	J9027	CLOFARABINE, 1 MG	Alameda Alliance for Health or Delegate
	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	Alameda Alliance for Health or Delegate
	J9032	BELINOSTAT, 10MG	Alameda Alliance for Health or Delegate
	J9033	BENDAMUSTINE 1MG	Alameda Alliance for Health or Delegate
	J9034	BENDEKA 1 MG	Alameda Alliance for Health or Delegate
	J9035	BEVACIZUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9039	BLINATUMOMAB 1 MCG	Alameda Alliance for Health or Delegate
	J9041	BORTEZOMIB 0.1 MG	Alameda Alliance for Health or Delegate
	J9042	BRENTUXIMAB VEDOTIN 1 MG	Alameda Alliance for Health or Delegate
	J9043	CABAZITAXEL 1 MG	Alameda Alliance for Health or Delegate
	J9045	CARBOPLATIN 50 MG	Alameda Alliance for Health or Delegate
	J9047	CARFILZOMIB 1 MG	Alameda Alliance for Health or Delegate
	J9055	CETUXIMAB 10MG	Alameda Alliance for Health or Delegate
	J9057	COPANLISIB, 1 MG	Alameda Alliance for Health or Delegate
	J9060	CISPLATIN 10 MG INJECTION	Alameda Alliance for Health or Delegate
	J9065	CLADRIBINE PER 1 MG	Alameda Alliance for Health or Delegate
	J9070	CYCLOPHOSPHAMIDE, 100 MG	Alameda Alliance for Health or Delegate
	J9119	CEMIPLIMAB-RWLC 1 MG	Alameda Alliance for Health or Delegate
	J9144	DARATUMUMAB AND HYALURONIDASE-FIHJ (DARZALEX)	Alameda Alliance for Health or Delegate
	J9145	DARATUMUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9150	DAUNORUBICIN 10 MG	Alameda Alliance for Health or Delegate
J9153	LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9155	DEGARELIX INJECTION	Alameda Alliance for Health or Delegate
	J9160	ONTAK (DENILEUKIN DIFTITOX) 300 MCG	Alameda Alliance for Health or Delegate
	J9171	DOCETAXEL 1 MG	Alameda Alliance for Health or Delegate
	J9173	DURVALUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9176	ELOTUZUMAB, 1MG	Alameda Alliance for Health or Delegate
	J9177	ENFORTUMAB VEDOTIN-EJFV, 0.25 MG (PADCEV)	Alameda Alliance for Health or Delegate
	J9178	EPIRUBICIN HCL, 2 MG	Alameda Alliance for Health or Delegate
	J9179	ERIBULIN MESYLATE 0.1 MG	Alameda Alliance for Health or Delegate
	J9181	ETOPOSIDE 10 MG	Alameda Alliance for Health or Delegate
	J9185	FLUDARABINE PHOSPHATE, 50 MG	Alameda Alliance for Health or Delegate
	J9198	GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	Alameda Alliance for Health or Delegate
	J9201	GEMCITABINE HCL 200 MG	Alameda Alliance for Health or Delegate
	J9202	ZOLADEX (GOSERELIN ACETATE IMPLANT), PER 3.6 MG	Alameda Alliance for Health or Delegate
	J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	Alameda Alliance for Health or Delegate
	J9204	MOGAMULIZUMAB-KPKC 1 MG	Alameda Alliance for Health or Delegate
	J9205	IRINOTECAN LIPOSOME 1 MG	Alameda Alliance for Health or Delegate
	J9206	IRINOTECAN 20 MG	Alameda Alliance for Health or Delegate
	J9207	IXABEPILONE 1 MG	Alameda Alliance for Health or Delegate
	J9208	IFOSFAMIDE 1 GRAM	Alameda Alliance for Health or Delegate
	J9210	EMAPALUMAB-LZSG 1 MG	Alameda Alliance for Health or Delegate
	J9214	INTERFERON ALFA2B, RECOMBINANT 1 MILL U	Alameda Alliance for Health or Delegate
	J9217	LEUPROLIDE ACETATE, FOR DEPOT SUSP 7.5MG	Alameda Alliance for Health or Delegate
	J9219	LEUPROLIDE ACETATE IMPLANT	Alameda Alliance for Health or Delegate
	J9227	ISATUXIMAB-IRFC	Alameda Alliance for Health or Delegate
	J9228	YERVOY (IPILIMUMAB) 1 MG	Alameda Alliance for Health or Delegate
	J9229	INOTUZUMAB OZOGAMICIN, 0.1 MG	Alameda Alliance for Health or Delegate
	J9260	METHOTREXATE SODIUM, 50MG	Alameda Alliance for Health or Delegate
	J9261	NELARABINE 50 MG	Alameda Alliance for Health or Delegate
	J9263	OXALIPLATIN 0.5 MG	Alameda Alliance for Health or Delegate
	J9264	PACLITAXEL PROTEIN BOUND 1 MG	Alameda Alliance for Health or Delegate
J9266	ONCASPAR (PEGASPARGASE), PER SINGLE DOSE VIAL	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9267	PACLITAXEL 1 MG	Alameda Alliance for Health or Delegate
	J9269	TAGRAXOFUSP-ERZS 10 MCG	Alameda Alliance for Health or Delegate
	J9271	PEMBROLIZUMAB 1 MG	Alameda Alliance for Health or Delegate
	J9280	MITOMYCIN, 5 MG	Alameda Alliance for Health or Delegate
	J9281	MITOMYCIN	Alameda Alliance for Health or Delegate
	J9285	OLARATUMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9293	MITOXANTRONE HYDROCHLORIDE PER 5 MG	Alameda Alliance for Health or Delegate
	J9295	NECITUMUMAB, 1 MG	Alameda Alliance for Health or Delegate
	J9299	NIVOLUMAB, 1 MG	Alameda Alliance for Health or Delegate
	J9301	OBINUTUZUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9302	OFATUMUMAB 10 MG	Alameda Alliance for Health or Delegate
	J9303	VECTIBIX (PANITUMUMAB) 10 MG	Alameda Alliance for Health or Delegate
	J9304	INJECTION PEMETREXED PEMFEXY 10 MG	Alameda Alliance for Health or Delegate
	J9305	PEMETREXED 10 MG	Alameda Alliance for Health or Delegate
	J9306	PERJETA (PERTUZUMAB), 1 MG	Alameda Alliance for Health or Delegate
	J9307	FOLOTYN (PRALATREXATE) 1 MG	Alameda Alliance for Health or Delegate
	J9308	RAMUCIRUMAB 5 MG	Alameda Alliance for Health or Delegate
	J9309	POLATUZUMAB VEDOTIN-PIIQ, 1 MG	Alameda Alliance for Health or Delegate
	J9311	RITUXIMAB, HYALURONIDASE	Alameda Alliance for Health or Delegate
	J9312	RITUXIMAB, 10 MG	Alameda Alliance for Health or Delegate
	J9313	MOXETUMOMAB PASUDOTOX-TDFK	Alameda Alliance for Health or Delegate
	J9317	SACITUZUMAB GOVITECH-HZIY	Alameda Alliance for Health or Delegate
	J9318	ROMIDEPSIN	Alameda Alliance for Health or Delegate
	J9319	ROMIDEPSIN LYOPHILIZED	Alameda Alliance for Health or Delegate
	J9325	TALIMOGENE LAHERPAREPVEC	Alameda Alliance for Health or Delegate
	J9328	TEMOZOLOMIDE 1 MG	Alameda Alliance for Health or Delegate
	J9330	TEMSIROLIMUS 1 MG	Alameda Alliance for Health or Delegate
	J9349	MONJUVI (tafasitamab-cxix)	Alameda Alliance for Health or Delegate
	J9352	TRABECTEDIN 0.1MG	Alameda Alliance for Health or Delegate
	J9354	KADCYLA (ADO-TRASTUZUMAB EMTANSINE) 1MG	Alameda Alliance for Health or Delegate
	J9355	HERCEPTIN (TRASTUZUMAB) EXCLUDE BIOSIMILAR 10 MG	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	J9356	HERCEPTIN HYLECTA (TRASTUZUMAB AND HYALURONIDASE-OYSK) SC INJECTION (600MG/10,000 UNITS)	Alameda Alliance for Health or Delegate
	J9358	INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG	Alameda Alliance for Health or Delegate
	J9370	VINCRISTINE SULFATE, 1 MG	Alameda Alliance for Health or Delegate
	J9371	VINCRISTINE SUL LIP 1MG	Alameda Alliance for Health or Delegate
	J9390	VINORELBINE TARTRATE, PER 10 MG	Alameda Alliance for Health or Delegate
	J9395	FULVESTRANT 25 MG	Alameda Alliance for Health or Delegate
	J9400	ZIV-AFLIBERCEPT 1MG	Alameda Alliance for Health or Delegate
	J9999	NOT OTHERWISE CLASS ANTINEOPLSTC DRUG	Alameda Alliance for Health or Delegate
	Q0138	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	Alameda Alliance for Health or Delegate
	Q0139	INJ FERUMOXYTOL TX IDA 1 MG ESRD	Alameda Alliance for Health or Delegate
	Q2041	AXICABTAGENE CILOLEUCEL CAR	Alameda Alliance for Health or Delegate
	Q2042	TISAGENLECLEUCEL CAR-POS T	Alameda Alliance for Health or Delegate
	Q2043	TISAGENLECLEUCEL CAR-POS T	Alameda Alliance for Health or Delegate
	Q2049	DOXORUBICIN HCL,LIPOSOMAL,LIPODOX 10MG	Alameda Alliance for Health or Delegate
	Q2050	PROVENGE (SIPULEUCEL -T)	Alameda Alliance for Health or Delegate
	Q2053	BREXUCABTAGENE CAR POS T	Alameda Alliance for Health or Delegate
	Q2054	LISOCABTAGENE CAR POS T	Alameda Alliance for Health or Delegate
	Q2055	IDECABTAGENE VICLEUCEL	Alameda Alliance for Health or Delegate
	Q4081	DOXORUBICIN HCL LIPOSOMAL	Alameda Alliance for Health or Delegate
	Q5101	EPOETIN ALFA, 100 UNITS ESRD	Alameda Alliance for Health or Delegate
	Q5103	INFLIXIMAB-DYYB (INFLECTRA) 10 MG BIOSIMILAR	Alameda Alliance for Health or Delegate
	Q5104	INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	Alameda Alliance for Health or Delegate
	Q5105	EPOETIN ALFA-EPBX 100 UNITS BIOSIMILAR, (RETACRIT) ESRD	Alameda Alliance for Health or Delegate
	Q5106	EPOETIN ALFA-EPBX, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS	Alameda Alliance for Health or Delegate
	Q5107	BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	Alameda Alliance for Health or Delegate
	Q5108	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Alameda Alliance for Health or Delegate
Q5109	INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG	Alameda Alliance for Health or Delegate	
Q5110	FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM	Alameda Alliance for Health or Delegate	
Q5111	PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
UM Medications (cont.)	Q5112	TRASTUZUMAB-DTTB, BIOSIMILAR, (ONTRUZANT), 10 MG	Alameda Alliance for Health or Delegate
	Q5113	TRASTUZUMAB-PKRB, BIOSIMILAR, (HERZUMA), 10 MG	Alameda Alliance for Health or Delegate
	Q5114	TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	Alameda Alliance for Health or Delegate
	Q5115	RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Alameda Alliance for Health or Delegate
	Q5116	TRASTUZUMAB-QYYP, BIOSIMILAR, (TRAZIMERA), 10 MG	Alameda Alliance for Health or Delegate
	Q5117	TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	Alameda Alliance for Health or Delegate
	Q5118	BEVACIZUMAB-BVZR, BIOSIMILAR, (ZIRABEV), 10 MG	Alameda Alliance for Health or Delegate
	Q5119	RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	Alameda Alliance for Health or Delegate
	Q5120	PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO) 0.5 MG	Alameda Alliance for Health or Delegate
	Q5121	INFLIXIMAB-AXXQ, BIOSIMILAR, (AVSOLA), 10 MG	Alameda Alliance for Health or Delegate
	Q5122	PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Alameda Alliance for Health or Delegate



Important Update: Specialty Surgery 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 specialty surgery codes that require prior authorization.

This will affect claims with the date(s) of service starting Tuesday, August 1, 2023, and onward. Enclosed with this notice is a code-specific list for specialty surgery that shows which codes require prior authorization. The 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 that are 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 claim received match 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 that matches the 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 and was confirmed to be covered by the California Department of Health Care Services (DHCS).

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 Specialty Surgery

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
Specialty Surgery	11960	INSERT TISSUE EXPANDER(S)	Alameda Alliance for Health or Delegate
	11970	RPLCMT TISS XPNDR PERM IMPLT	Alameda Alliance for Health or Delegate
	11971	RMVL TIS XPNDR WO INSJ IMPLT	Alameda Alliance for Health or Delegate
	15771	GRFG AUTOL FAT LIPO 50 CC/<	Alameda Alliance for Health or Delegate
	15772	GRFG AUTOL FAT LIPO EA ADDL	Alameda Alliance for Health or Delegate
	15773	GRFG AUTOL FAT LIPO 25 CC/<	Alameda Alliance for Health or Delegate
	15774	GFRG AUTOL FAT LIPO EA ADDL	Alameda Alliance for Health or Delegate
	15780	DERMABRASION TOTAL FACE	Alameda Alliance for Health or Delegate
	15781	DERMABRASION SEGMENTAL FACE	Alameda Alliance for Health or Delegate
	15782	DERMABRASION OTHER THAN FACE	Alameda Alliance for Health or Delegate
	15788	CHEMICAL PEEL FACE EPIDERM	Alameda Alliance for Health or Delegate
	15789	CHEMICAL PEEL FACE DERMAL	Alameda Alliance for Health or Delegate
	15792	CHEMICAL PEEL NONFACIAL	Alameda Alliance for Health or Delegate
	15793	CHEMICAL PEEL NONFACIAL	Alameda Alliance for Health or Delegate
	15820	REVISION OF LOWER EYELID	Alameda Alliance for Health or Delegate
	15821	REVISION OF LOWER EYELID	Alameda Alliance for Health or Delegate
	15822	REVISION OF UPPER EYELID	Alameda Alliance for Health or Delegate
	15823	REVISION OF UPPER EYELID	Alameda Alliance for Health or Delegate
	15840	NERVE PALSY FASCIAL GRAFT	Alameda Alliance for Health or Delegate
	15841	NERVE PALSY MUSCLE GRAFT	Alameda Alliance for Health or Delegate
	15842	NERVE PALSY MICROSURG GRAFT	Alameda Alliance for Health or Delegate
	15845	SKIN AND MUSCLE REPAIR FACE	Alameda Alliance for Health or Delegate
	17311	MOHS 1 STAGE H/N/HF/G	Alameda Alliance for Health or Delegate
17312	MOHS ADDL STAGE	Alameda Alliance for Health or Delegate	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	17313	MOHS 1 STAGE T/A/L	Alameda Alliance for Health or Delegate
	17314	MOHS ADDL STAGE T/A/L	Alameda Alliance for Health or Delegate
	17315	MOHS SURG ADDL BLOCK	Alameda Alliance for Health or Delegate
	17340	CRYOTHERAPY OF SKIN	Alameda Alliance for Health or Delegate
	17360	SKIN PEEL THERAPY	Alameda Alliance for Health or Delegate
	17999	SKIN TISSUE PROCEDURE	Alameda Alliance for Health or Delegate
	19300	REMOVAL OF BREAST TISSUE	Alameda Alliance for Health or Delegate
	19301	PARTIAL MASTECTOMY	Alameda Alliance for Health or Delegate
	19302	P-MASTECTOMY W/LN REMOVAL	Alameda Alliance for Health or Delegate
	19303	MAST SIMPLE COMPLETE	Alameda Alliance for Health or Delegate
	19305	MAST RADICAL	Alameda Alliance for Health or Delegate
	19306	MAST RAD URBAN TYPE	Alameda Alliance for Health or Delegate
	19307	MAST MOD RAD	Alameda Alliance for Health or Delegate
	19316	SUSPENSION OF BREAST	Alameda Alliance for Health or Delegate
	19318	BREAST REDUCTION	Alameda Alliance for Health or Delegate
	19325	BREAST AUGMENTATION W/IMPLT	Alameda Alliance for Health or Delegate
	19328	RMVL INTACT BREAST IMPLANT	Alameda Alliance for Health or Delegate
	19330	RMVL RUPTURED BREAST IMPLANT	Alameda Alliance for Health or Delegate
	19340	INSJ BREAST IMPLT SM D MAST	Alameda Alliance for Health or Delegate
	19342	INSJ/RPLCMT BRST IMPLT SEP D	Alameda Alliance for Health or Delegate
	19350	BREAST RECONSTRUCTION	Alameda Alliance for Health or Delegate
	19357	TISS XPNDR PLMT BRST RCNSTJ	Alameda Alliance for Health or Delegate
	19361	BRST RCNSTJ LATSMS DRSI FLAP	Alameda Alliance for Health or Delegate
	19364	BRST RCNSTJ FREE FLAP	Alameda Alliance for Health or Delegate
	19367	BRST RCNSTJ 1 PDCL TRAM FLAP	Alameda Alliance for Health or Delegate
	19368	BRST RCNSTJ 1PDCL TRAM ANAST	Alameda Alliance for Health or Delegate
	19369	BRST RCNSTJ 2 PDCL TRAM FLAP	Alameda Alliance for Health or Delegate
	19370	REVJ PERI-IMPLT CAPSULE BRST	Alameda Alliance for Health or Delegate
	19371	PERI-IMPLT CAPSLC BRST COMPL	Alameda Alliance for Health or Delegate
	19380	REVJ RECONSTRUCTED BREAST	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	19396	DESIGN CUSTOM BREAST IMPLANT	Alameda Alliance for Health or Delegate
	19499	BREAST SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	20999	MUSCULOSKELETAL SURGERY	Alameda Alliance for Health or Delegate
	21010	INCISION OF JAW JOINT	Alameda Alliance for Health or Delegate
	21050	REMOVAL OF JAW JOINT	Alameda Alliance for Health or Delegate
	21060	REMOVE JAW JOINT CARTILAGE	Alameda Alliance for Health or Delegate
	21070	REMOVE CORONOID PROCESS	Alameda Alliance for Health or Delegate
	21073	MNPJ OF TMJ W/ANESTH	Alameda Alliance for Health or Delegate
	21299	CRANIO/MAXILLOFACIAL SURGERY	Alameda Alliance for Health or Delegate
	21499	HEAD SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	21685	HYOID MYOTOMY & SUSPENSION	Alameda Alliance for Health or Delegate
	21700	REVISION OF NECK MUSCLE	Alameda Alliance for Health or Delegate
	21705	REVISION OF NECK MUSCLE/RIB	Alameda Alliance for Health or Delegate
	21720	REVISION OF NECK MUSCLE	Alameda Alliance for Health or Delegate
	21725	REVISION OF NECK MUSCLE	Alameda Alliance for Health or Delegate
	21740	RECONSTRUCTION OF STERNUM	Alameda Alliance for Health or Delegate
	21742	REPAIR STERN/NUSS W/O SCOPE	Alameda Alliance for Health or Delegate
	21743	REPAIR STERNUM/NUSS W/SCOPE	Alameda Alliance for Health or Delegate
	21899	NECK/CHEST SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	22510	PERQ CERVICOTHORACIC INJECT	Alameda Alliance for Health or Delegate
	22511	PERQ LUMBOSACRAL INJECTION	Alameda Alliance for Health or Delegate
	22512	VERTEBROPLASTY ADDL INJECT	Alameda Alliance for Health or Delegate
	22513	PERQ VERTEBRAL AUGMENTATION	Alameda Alliance for Health or Delegate
	22514	PERQ VERTEBRAL AUGMENTATION	Alameda Alliance for Health or Delegate
	22515	PERQ VERTEBRAL AUGMENTATION	Alameda Alliance for Health or Delegate
	22899	SPINE SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	22999	ABDOMEN SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	23000	REMOVAL OF CALCIUM DEPOSITS	Alameda Alliance for Health or Delegate
	23470	RECONSTRUCT SHOULDER JOINT	Alameda Alliance for Health or Delegate
	23472	RECONSTRUCT SHOULDER JOINT	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	23473	REVIS RECONST SHOULDER JOINT	Alameda Alliance for Health or Delegate
	23474	REVIS RECONST SHOULDER JOINT	Alameda Alliance for Health or Delegate
	23929	SHOULDER SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	24105	REMOVAL OF ELBOW BURSA	Alameda Alliance for Health or Delegate
	24999	UPPER ARM/ELBOW SURGERY	Alameda Alliance for Health or Delegate
	25999	FOREARM OR WRIST SURGERY	Alameda Alliance for Health or Delegate
	27120	REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE PELVIS AND HIP JOINT	Alameda Alliance for Health or Delegate
	27122	REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE PELVIS AND HIP JOINT	Alameda Alliance for Health or Delegate
	27125	PARTIAL HIP REPLACEMENT	Alameda Alliance for Health or Delegate
	27130	TOTAL HIP ARTHROPLASTY	Alameda Alliance for Health or Delegate
	27132	TOTAL HIP ARTHROPLASTY	Alameda Alliance for Health or Delegate
	27134	REVISE HIP JOINT REPLACEMENT	Alameda Alliance for Health or Delegate
	27137	REVISE HIP JOINT REPLACEMENT	Alameda Alliance for Health or Delegate
	27138	REVISE HIP JOINT REPLACEMENT	Alameda Alliance for Health or Delegate
	27279	ARTHRODESIS SACROILIAC JOINT	Alameda Alliance for Health or Delegate
	27418	REPAIR DEGENERATED KNEECAP	Alameda Alliance for Health or Delegate
	27420	REVISION OF UNSTABLE KNEECAP	Alameda Alliance for Health or Delegate
	27422	REVISION OF UNSTABLE KNEECAP	Alameda Alliance for Health or Delegate
	27424	REVISION/REMOVAL OF KNEECAP	Alameda Alliance for Health or Delegate
	27425	LAT RETINACULAR RELEASE OPEN	Alameda Alliance for Health or Delegate
	27427	RECONSTRUCTION KNEE	Alameda Alliance for Health or Delegate
	27428	RECONSTRUCTION KNEE	Alameda Alliance for Health or Delegate
	27429	RECONSTRUCTION KNEE	Alameda Alliance for Health or Delegate
	27437	REVISE KNEECAP	Alameda Alliance for Health or Delegate
	27438	REVISE KNEECAP WITH IMPLANT	Alameda Alliance for Health or Delegate
	27440	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	27441	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	27442	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	27443	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	27445	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	27446	REVISION OF KNEE JOINT	Alameda Alliance for Health or Delegate
	27447	TOTAL KNEE ARTHROPLASTY	Alameda Alliance for Health or Delegate
	27486	REVISE/REPLACE KNEE JOINT	Alameda Alliance for Health or Delegate
	27487	REVISE/REPLACE KNEE JOINT	Alameda Alliance for Health or Delegate
	27599	UNLISTED PX FEMUR/KNEE	Alameda Alliance for Health or Delegate
	27700	REVISION OF ANKLE JOINT	Alameda Alliance for Health or Delegate
	27702	RECONSTRUCT ANKLE JOINT	Alameda Alliance for Health or Delegate
	27703	RECONSTRUCTION ANKLE JOINT	Alameda Alliance for Health or Delegate
	28285	REPAIR OF HAMMERTOES	Alameda Alliance for Health or Delegate
	28286	REPAIR OF HAMMERTOES	Alameda Alliance for Health or Delegate
	28288	PARTIAL REMOVAL OF FOOT BONE	Alameda Alliance for Health or Delegate
	28289	CORR HALUX RIGDUS W/O IMPLT	Alameda Alliance for Health or Delegate
	28291	CORR HALUX RIGDUS W/IMPLT	Alameda Alliance for Health or Delegate
	28292	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28295	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28296	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28297	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28298	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28299	CORRECTION HALLUX VALGUS	Alameda Alliance for Health or Delegate
	28306	INCISION OF METATARSAL	Alameda Alliance for Health or Delegate
	28307	INCISION OF METATARSAL	Alameda Alliance for Health or Delegate
	28308	INCISION OF METATARSAL	Alameda Alliance for Health or Delegate
	28309	INCISION OF METATARSALS	Alameda Alliance for Health or Delegate
	28310	REVISION OF BIG TOE	Alameda Alliance for Health or Delegate
	28312	REVISION OF TOE	Alameda Alliance for Health or Delegate
	28313	REPAIR DEFORMITY OF TOE	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	28315	REMOVAL OF SESAMOID BONE	Alameda Alliance for Health or Delegate
	28340	RESECT ENLARGED TOE TISSUE	Alameda Alliance for Health or Delegate
	28341	RESECT ENLARGED TOE	Alameda Alliance for Health or Delegate
	28344	REPAIR EXTRA TOE(S)	Alameda Alliance for Health or Delegate
	28345	REPAIR WEBBED TOE(S)	Alameda Alliance for Health or Delegate
	28360	RECONSTRUCT CLEFT FOOT	Alameda Alliance for Health or Delegate
	28899	FOOT/TOES SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	29800	JAW ARTHROSCOPY/SURGERY	Alameda Alliance for Health or Delegate
	29804	JAW ARTHROSCOPY/SURGERY	Alameda Alliance for Health or Delegate
	30130	EXCISE INFERIOR TURBINATE	Alameda Alliance for Health or Delegate
	30140	RESECT INFERIOR TURBINATE	Alameda Alliance for Health or Delegate
	30400	RECONSTRUCTION OF NOSE	Alameda Alliance for Health or Delegate
	30410	RECONSTRUCTION OF NOSE	Alameda Alliance for Health or Delegate
	30420	RECONSTRUCTION OF NOSE	Alameda Alliance for Health or Delegate
	30430	REVISION OF NOSE	Alameda Alliance for Health or Delegate
	30435	REVISION OF NOSE	Alameda Alliance for Health or Delegate
	30450	REVISION OF NOSE	Alameda Alliance for Health or Delegate
	30460	REVISION OF NOSE	Alameda Alliance for Health or Delegate
	30462	REVISION OF NOSE	Alameda Alliance for Health or Delegate
	30465	REPAIR NASAL STENOSIS	Alameda Alliance for Health or Delegate
	30520	REPAIR OF NASAL SEPTUM	Alameda Alliance for Health or Delegate
	30999	NASAL SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	31051	SPHENOID SINUS SURGERY	Alameda Alliance for Health or Delegate
	31080	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31081	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31084	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31085	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31086	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31087	REMOVAL OF FRONTAL SINUS	Alameda Alliance for Health or Delegate
	31299	SINUS SURGERY PROCEDURE	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	32851	LUNG TRANSPLANT SINGLE	Alameda Alliance for Health or Delegate
	32852	LUNG TRANSPLANT WITH BYPASS	Alameda Alliance for Health or Delegate
	32853	LUNG TRANSPLANT DOUBLE	Alameda Alliance for Health or Delegate
	32854	LUNG TRANSPLANT WITH BYPASS	Alameda Alliance for Health or Delegate
	33517	CABG ARTERY-VEIN SINGLE	Alameda Alliance for Health or Delegate
	33518	CABG ARTERY-VEIN TWO	Alameda Alliance for Health or Delegate
	33519	CABG ARTERY-VEIN THREE	Alameda Alliance for Health or Delegate
	33521	CABG ARTERY-VEIN FOUR	Alameda Alliance for Health or Delegate
	33522	CABG ARTERY-VEIN FIVE	Alameda Alliance for Health or Delegate
	33523	CABG ART-VEIN SIX OR MORE	Alameda Alliance for Health or Delegate
	33533	CABG ARTERIAL SINGLE	Alameda Alliance for Health or Delegate
	33534	CABG ARTERIAL TWO	Alameda Alliance for Health or Delegate
	33535	CABG ARTERIAL THREE	Alameda Alliance for Health or Delegate
	33536	CABG ARTERIAL FOUR OR MORE	Alameda Alliance for Health or Delegate
	33935	TRANSPLANTATION HEART/LUNG	Alameda Alliance for Health or Delegate
	33945	TRANSPLANTATION OF HEART	Alameda Alliance for Health or Delegate
	33946	ECMO/ECLS INITIATION VENOUS	Alameda Alliance for Health or Delegate
	33947	ECMO/ECLS INITIATION ARTERY	Alameda Alliance for Health or Delegate
	33948	ECMO/ECLS DAILY MGMT-VENOUS	Alameda Alliance for Health or Delegate
	33949	ECMO/ECLS DAILY MGMT ARTERY	Alameda Alliance for Health or Delegate
	33951	ECMO/ECLS INSJ PRPH CANNULA	Alameda Alliance for Health or Delegate
	33952	ECMO/ECLS INSJ PRPH CANNULA	Alameda Alliance for Health or Delegate
	33953	ECMO/ECLS INSJ PRPH CANNULA	Alameda Alliance for Health or Delegate
	33954	ECMO/ECLS INSJ PRPH CANNULA	Alameda Alliance for Health or Delegate
	33955	ECMO/ECLS INSJ CTR CANNULA	Alameda Alliance for Health or Delegate
	33956	ECMO/ECLS INSJ CTR CANNULA	Alameda Alliance for Health or Delegate
	33957	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate
	33958	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate
	33959	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate
	33962	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	33963	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate
	33964	ECMO/ECLS REPOS PERPH CNULA	Alameda Alliance for Health or Delegate
	33965	ECMO/ECLS RMVL PERPH CANNULA	Alameda Alliance for Health or Delegate
	33966	ECMO/ECLS RMVL PRPH CANNULA	Alameda Alliance for Health or Delegate
	33999	CARDIAC SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Alameda Alliance for Health or Delegate
	36474	ENDOVENOUS MCHNCHEM ADD-ON	Alameda Alliance for Health or Delegate
	36475	ENDOVENOUS RF 1ST VEIN	Alameda Alliance for Health or Delegate
	36476	ENDOVENOUS RF VEIN ADD-ON	Alameda Alliance for Health or Delegate
	36478	ENDOVENOUS LASER 1ST VEIN	Alameda Alliance for Health or Delegate
	36479	ENDOVENOUS LASER VEIN ADDON	Alameda Alliance for Health or Delegate
	36511	APHERESIS WBC	Alameda Alliance for Health or Delegate
	36512	APHERESIS RBC	Alameda Alliance for Health or Delegate
	36513	APHERESIS PLATELETS	Alameda Alliance for Health or Delegate
	36514	APHERESIS PLASMA	Alameda Alliance for Health or Delegate
	36516	APHERESIS IMMUNOADS SLCTV	Alameda Alliance for Health or Delegate
	36522	PHOTOPHERESIS	Alameda Alliance for Health or Delegate
	38205	HARVEST ALLOGENEIC STEM CELL	Alameda Alliance for Health or Delegate
	38206	HARVEST AUTO STEM CELLS	Alameda Alliance for Health or Delegate
	38230	BONE MARROW HARVEST ALLOGEN	Alameda Alliance for Health or Delegate
	38232	BONE MARROW HARVEST AUTOLOG	Alameda Alliance for Health or Delegate
	38240	TRANSPLT ALLO HCT/DONOR	Alameda Alliance for Health or Delegate
	38241	TRANSPLT AUTOL HCT/DONOR	Alameda Alliance for Health or Delegate
	38242	TRANSPLT ALLO LYMPHOCYTES	Alameda Alliance for Health or Delegate
	38243	TRANSPLJ HEMATOPOIETIC BOOST	Alameda Alliance for Health or Delegate
	41899	DENTAL SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	42145	REPAIR PALATE PHARYNX/UVULA	Alameda Alliance for Health or Delegate
	42820	REMOVE TONSILS AND ADENOIDS	Alameda Alliance for Health or Delegate
	42821	REMOVE TONSILS AND ADENOIDS	Alameda Alliance for Health or Delegate
	42825	REMOVAL OF TONSILS	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	42826	REMOVAL OF TONSILS	Alameda Alliance for Health or Delegate
	42830	REMOVAL OF ADENOIDS	Alameda Alliance for Health or Delegate
	42831	REMOVAL OF ADENOIDS	Alameda Alliance for Health or Delegate
	42835	REMOVAL OF ADENOIDS	Alameda Alliance for Health or Delegate
	42836	REMOVAL OF ADENOIDS	Alameda Alliance for Health or Delegate
	43999	STOMACH SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	44799	UNLISTED PX SMALL INTESTINE	Alameda Alliance for Health or Delegate
	45399	UNLISTED PROCEDURE COLON	Alameda Alliance for Health or Delegate
	46999	ANUS SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	47135	TRANSPLANTATION OF LIVER	Alameda Alliance for Health or Delegate
	47140	PARTIAL REMOVAL DONOR LIVER	Alameda Alliance for Health or Delegate
	47141	PARTIAL REMOVAL DONOR LIVER	Alameda Alliance for Health or Delegate
	47142	PARTIAL REMOVAL DONOR LIVER	Alameda Alliance for Health or Delegate
	47399	LIVER SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	47999	BILE TRACT SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	48554	TRANSPL ALLOGRAFT PANCREAS	Alameda Alliance for Health or Delegate
	48556	REMOVAL ALLOGRAFT PANCREAS	Alameda Alliance for Health or Delegate
	48999	PANCREAS SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	50320	REMOVE KIDNEY LIVING DONOR	Alameda Alliance for Health or Delegate
	50340	REMOVAL OF KIDNEY	Alameda Alliance for Health or Delegate
	50360	TRANSPLANTATION OF KIDNEY	Alameda Alliance for Health or Delegate
	50365	TRANSPLANTATION OF KIDNEY	Alameda Alliance for Health or Delegate
	50370	REMOVE TRANSPLANTED KIDNEY	Alameda Alliance for Health or Delegate
	50380	REIMPLANTATION OF KIDNEY	Alameda Alliance for Health or Delegate
	50540	REVISION OF HORSESHOE KIDNEY	Alameda Alliance for Health or Delegate
	52601	PROSTATECTOMY (TURP)	Alameda Alliance for Health or Delegate
	52630	REMOVE PROSTATE REGROWTH	Alameda Alliance for Health or Delegate
	52640	RELIEVE BLADDER CONTRACTURE	Alameda Alliance for Health or Delegate
	52647	LASER SURGERY OF PROSTATE	Alameda Alliance for Health or Delegate
	52648	LASER SURGERY OF PROSTATE	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	52649	PROSTATE LASER ENUCLEATION	Alameda Alliance for Health or Delegate
	53850	PROSTATIC MICROWAVE THERMOTX	Alameda Alliance for Health or Delegate
	53852	PROSTATIC RF THERMOTX	Alameda Alliance for Health or Delegate
	53854	TRURL DSTRJ PRST8 TISS RF WV	Alameda Alliance for Health or Delegate
	53855	INSERT PROST URETHRAL STENT	Alameda Alliance for Health or Delegate
	53860	TRANSURETHRAL RF TREATMENT	Alameda Alliance for Health or Delegate
	53899	UROLOGY SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	54120	PARTIAL REMOVAL OF PENIS	Alameda Alliance for Health or Delegate
	54125	REMOVAL OF PENIS	Alameda Alliance for Health or Delegate
	54130	REMOVE PENIS & NODES	Alameda Alliance for Health or Delegate
	54135	REMOVE PENIS & NODES	Alameda Alliance for Health or Delegate
	54360	PENIS PLASTIC SURGERY	Alameda Alliance for Health or Delegate
	54520	REMOVAL OF TESTIS	Alameda Alliance for Health or Delegate
	54530	REMOVAL OF TESTIS	Alameda Alliance for Health or Delegate
	54535	EXTENSIVE TESTIS SURGERY	Alameda Alliance for Health or Delegate
	54620	SUSPENSION OF TESTIS	Alameda Alliance for Health or Delegate
	58150	TOTAL HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58152	TOTAL HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58180	PARTIAL HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58200	EXTENSIVE HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58210	EXTENSIVE HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58240	REMOVAL OF PELVIS CONTENTS	Alameda Alliance for Health or Delegate
	58260	VAGINAL HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58262	VAG HYST INCLUDING T/O	Alameda Alliance for Health or Delegate
	58263	VAG HYST W/T/O & VAG REPAIR	Alameda Alliance for Health or Delegate
	58267	VAG HYST W/URINARY REPAIR	Alameda Alliance for Health or Delegate
	58270	VAG HYST W/ENTEROCELE REPAIR	Alameda Alliance for Health or Delegate
	58275	HYSTERECTOMY/REVISE VAGINA	Alameda Alliance for Health or Delegate
	58280	HYSTERECTOMY/REVISE VAGINA	Alameda Alliance for Health or Delegate
	58285	EXTENSIVE HYSTERECTOMY	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	58290	VAG HYST COMPLEX	Alameda Alliance for Health or Delegate
	58291	VAG HYST INCL T/O COMPLEX	Alameda Alliance for Health or Delegate
	58292	VAG HYST T/O & REPAIR COMPL	Alameda Alliance for Health or Delegate
	58294	VAG HYST W/ENTEROCELE COMPL	Alameda Alliance for Health or Delegate
	58346	INSERT HEYMAN UTERI CAPSULE	Alameda Alliance for Health or Delegate
	58541	LSH UTERUS 250 G OR LESS	Alameda Alliance for Health or Delegate
	58542	LSH W/T/O UT 250 G OR LESS	Alameda Alliance for Health or Delegate
	58543	LSH UTERUS ABOVE 250 G	Alameda Alliance for Health or Delegate
	58544	LSH W/T/O UTERUS ABOVE 250 G	Alameda Alliance for Health or Delegate
	58548	LAP RADICAL HYST	Alameda Alliance for Health or Delegate
	58550	LAPARO-ASST VAG HYSTERECTOMY	Alameda Alliance for Health or Delegate
	58552	LAPARO-VAG HYST INCL T/O	Alameda Alliance for Health or Delegate
	58553	LAPARO-VAG HYST COMPLEX	Alameda Alliance for Health or Delegate
	58554	LAPARO-VAG HYST W/T/O COMPL	Alameda Alliance for Health or Delegate
	58570	TLH UTERUS 250 G OR LESS	Alameda Alliance for Health or Delegate
	58571	TLH W/T/O 250 G OR LESS	Alameda Alliance for Health or Delegate
	58572	TLH UTERUS OVER 250 G	Alameda Alliance for Health or Delegate
	58573	TLH W/T/O UTERUS OVER 250 G	Alameda Alliance for Health or Delegate
	58575	LAPS TOT HYST RESJ MAL	Alameda Alliance for Health or Delegate
	58578	LAPARO PROC UTERUS	Alameda Alliance for Health or Delegate
	58920	PARTIAL REMOVAL OF OVARY(S)	Alameda Alliance for Health or Delegate
	58925	REMOVAL OF OVARIAN CYST(S)	Alameda Alliance for Health or Delegate
	58940	REMOVAL OF OVARY(S)	Alameda Alliance for Health or Delegate
	58943	REMOVAL OF OVARY(S)	Alameda Alliance for Health or Delegate
	58953	TAH RAD DISSECT FOR DEBULK	Alameda Alliance for Health or Delegate
	58954	TAH RAD DEBULK/LYMPH REMOVE	Alameda Alliance for Health or Delegate
	58956	BSO OMENTECTOMY W/TAH	Alameda Alliance for Health or Delegate
	58999	GENITAL SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	61867	IMPLANT NEUROELECTRODE	Alameda Alliance for Health or Delegate
	61868	IMPLANT NEUROELECTRDE ADDL	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	61880	REVISE/REMOVE NEUROELECTRODE	Alameda Alliance for Health or Delegate
	61885	INSRT/REDO NEUROSTIM 1 ARRAY	Alameda Alliance for Health or Delegate
	61886	IMPLANT NEUROSTIM ARRAYS	Alameda Alliance for Health or Delegate
	61888	REVISE/REMOVE NEURORECEIVER	Alameda Alliance for Health or Delegate
	63650	IMPLANT NEUROELECTRODES	Alameda Alliance for Health or Delegate
	63655	IMPLANT NEUROELECTRODES	Alameda Alliance for Health or Delegate
	64553	IMPLANT NEUROELECTRODES	Alameda Alliance for Health or Delegate
	64721	CARPAL TUNNEL SURGERY	Alameda Alliance for Health or Delegate
	65710	CORNEAL TRANSPLANT	Alameda Alliance for Health or Delegate
	65730	CORNEAL TRANSPLANT	Alameda Alliance for Health or Delegate
	65750	CORNEAL TRANSPLANT	Alameda Alliance for Health or Delegate
	65755	CORNEAL TRANSPLANT	Alameda Alliance for Health or Delegate
	65756	CORNEAL TRNSPL ENDOTHELIAL	Alameda Alliance for Health or Delegate
	65770	REVISE CORNEA WITH IMPLANT	Alameda Alliance for Health or Delegate
	65785	IMPLTJ NTRSTRML CRNL RNG SEG	Alameda Alliance for Health or Delegate
	66982	XCAPSL CTRC RMVL CPLX WO ECP	Alameda Alliance for Health or Delegate
	66983	CATARACT SURG W/IOL 1 STAGE	Alameda Alliance for Health or Delegate
	66984	XCAPSL CTRC RMVL W/O ECP	Alameda Alliance for Health or Delegate
	66985	INSERT LENS PROSTHESIS	Alameda Alliance for Health or Delegate
	66986	EXCHANGE LENS PROSTHESIS	Alameda Alliance for Health or Delegate
	66987	XCAPSL CTRC RMVL CPLX W/ECP	Alameda Alliance for Health or Delegate
	66988	XCAPSL CTRC RMVL W/ECP	Alameda Alliance for Health or Delegate
	66989	XCPSL CTRC RMVL CPLX INSJ 1+	Alameda Alliance for Health or Delegate
	66991	XCAPSL CTRC RMVL INSJ 1+	Alameda Alliance for Health or Delegate
	67299	EYE SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	67311	REVISE EYE MUSCLE	Alameda Alliance for Health or Delegate
	67312	REVISE TWO EYE MUSCLES	Alameda Alliance for Health or Delegate
	67314	REVISE EYE MUSCLE	Alameda Alliance for Health or Delegate
	67316	REVISE TWO EYE MUSCLES	Alameda Alliance for Health or Delegate
	67318	REVISE EYE MUSCLE(S)	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	67320	REVISE EYE MUSCLE(S) ADD-ON	Alameda Alliance for Health or Delegate
	67331	EYE SURGERY FOLLOW-UP ADD-ON	Alameda Alliance for Health or Delegate
	67332	REREVISE EYE MUSCLES ADD-ON	Alameda Alliance for Health or Delegate
	67334	REVISE EYE MUSCLE W/SUTURE	Alameda Alliance for Health or Delegate
	67340	REVISE EYE MUSCLE ADD-ON	Alameda Alliance for Health or Delegate
	67343	RELEASE EYE TISSUE	Alameda Alliance for Health or Delegate
	67399	UNLISTED PX EXTRAOCULAR MUSC	Alameda Alliance for Health or Delegate
	67599	ORBIT SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	67901	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67902	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67903	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67904	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67906	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67908	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67909	REVISE EYELID DEFECT	Alameda Alliance for Health or Delegate
	67911	REVISE EYELID DEFECT	Alameda Alliance for Health or Delegate
	67912	CORRECTION EYELID W/IMPLANT	Alameda Alliance for Health or Delegate
	67914	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67915	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67916	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67917	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67921	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67922	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67923	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67924	REPAIR EYELID DEFECT	Alameda Alliance for Health or Delegate
	67950	REVISION OF EYELID	Alameda Alliance for Health or Delegate
	67961	REVISION OF EYELID	Alameda Alliance for Health or Delegate
	67966	REVISION OF EYELID	Alameda Alliance for Health or Delegate
	67971	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate
	67973	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Specialty Surgery (cont.)	67974	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate
	67975	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate
	67999	REVISION OF EYELID	Alameda Alliance for Health or Delegate
	68399	EYELID LINING SURGERY	Alameda Alliance for Health or Delegate
	69399	OUTER EAR SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	69799	MIDDLE EAR SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	69930	IMPLANT COCHLEAR DEVICE	Alameda Alliance for Health or Delegate
	69949	INNER EAR SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	S2065	SIMULTANEOUS PANC KIDNEY TPLNT	Alameda Alliance for Health or Delegate
	S2066	BREAST RECON W/GAP FLAP UNILATERAL	Alameda Alliance for Health or Delegate
	S2067	BRST RECN 1 BRST DIEP&/GAP FLP(S)	Alameda Alliance for Health or Delegate
	S2068	BREAST RECON DIEP/SIEA FLAP UNI	Alameda Alliance for Health or Delegate
	S2117	ARTHROEREISIS SUBTALAR	Alameda Alliance for Health or Delegate
	S2118	MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM	Alameda Alliance for Health or Delegate
	S2230	IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC	Alameda Alliance for Health or Delegate
	S2235	IMPL AUDITRY BRAIN STEM IMPLANT	Alameda Alliance for Health or Delegate



Preventive Services Guidelines Update – August 2023

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

At the Alliance, we require that all network and delegated providers follow the most current Preventive Care Guidelines.

For adults ages 21 and older, the Alliance follows the current U.S. Preventive Services Task Force (USPSTF) clinical preventive services to adults ages 21 and older. All preventive services identified as USPSTF “A” and “B” recommendations must be provided. For a list, please visit www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations.

For children and adolescents under 21 years old, Alliance providers are required to follow the Bright Futures/American Academy of Pediatrics periodicity schedule, which can be found at www.aap.org/periodicityschedule (last updated April 2023).

The Alliance covers immunizations according to the immunization schedules recommended by the Advisory Committee on Immunization Practices (ACIP) and approved by the Centers for Disease Control and Prevention (CDC) and other medical associations. To view child and adult immunization schedules, please visit www.cdc.gov/vaccines/schedules.

We are sharing this update to ensure that our provider community is aware of the most recent changes. Listed below are USPSTF recommendation updates from May 9 to August 17, 2023.

Topic	Description	Grade	Release Date
Anxiety Disorders in Adults: Screening: Adults 64 years or younger, including pregnant and postpartum persons	The USPSTF recommends screening for anxiety disorders in adults, including pregnant and postpartum persons.	B	June 2023
Depression and Suicide Risk in Adults: Screening: Adults, including pregnant and postpartum persons, and older adults (65 years or older)	The USPSTF recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults.	B	June 2023 *
Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication: Persons who plan to or could become pregnant	The USPSTF recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid.	A	August 2023 *

*Previous recommendation was an “A” or “B.”

Questions? Please call the Alliance Provider Services Department
 Monday – Friday, 8 am – 5 pm
 Phone Number: **1.510.747.4510**
www.alamedaalliance.org

2023 Quality Measure Highlight

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here to help you. We are sharing the 2023 Quality Measure Highlight: Follow-Up After Emergency Department Visit for Substance Use (FUA) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and suggested best practices to help meet the measure.

For more information, please contact the Alliance Quality Improvement (QI) Department at deptQIteam@alamedaalliance.org.

Measure Description: For members age 13 years and older who go to the emergency department (ED) with a diagnosis of substance use disorder (SUD)/drug overdose, the percentage of ED visits for which there was a follow-up visit within 30 days.

Identifying Visits for Inclusion: If a member has more than one (1) ED visit in a 31-day period, only the first substance use-related visit is included. After 31 days, the member may have another eligible ED visit to include in this measure.

Example:	<ul style="list-style-type: none"> A patient visits the ED on January 1 for an overdose, then again for drug abuse on January 15. ➔ Only the visit on January 1 counts in the denominator.
	<ul style="list-style-type: none"> The patient visits the ED for another overdose on February 1. ➔ This visit also counts in the denominator.

Denominator: ED visits for a diagnosis of SUD/drug overdose for members age 13 and older.

Please Note: The denominator for this measure is based on **ED visits**, not on the patients. A patient *may* be included in this measure more than once.

Numerator: A follow-up visit or pharmacotherapy dispensing event within 30 days after the ED visit. Includes visits and pharmacy dispensing events that occur on the date of the ED visit.

Follow-up visits are compliant when conducted by:

- A mental health provider, or
- Any provider when the visit includes a diagnosis of SUD or overdose.

For example, if a general practitioner conducts a follow-up outpatient visit it must include a SUD or overdose diagnosis in order to count.

Important things to note:

- Any provider who can code a visit with a qualifying CPT code may conduct the follow-up visits or services.
 - An outreach/scheduling or care coordination call alone **does not** count as a follow-up visit.
 - Qualifying medications include naltrexone, buprenorphine (alone or with naloxone), disulfiram, and acamprosate. These medications must be **dispensed** in order to count.
 - A qualifying follow-up visit may be conducted by a provider outside of your clinic/office.
-

Exclusions

Visits: ED visits that result in or are followed by admission (regardless of principal diagnosis) or residential treatment on the date of the ED visit or within 30 days after the ED visit.

Members: Those who were in hospice or who died at any time during the measurement year.

Best practices

Data	<ul style="list-style-type: none"> • If you use an electronic health record (EHR), set up automatic alerts for patient ED visits. • If you are not already integrated with an ED's EHR, participate in a Health Information Exchange (HIE) to obtain visit records. • If you work with paper charts, define staff responsibilities to review and triage incoming visit reports. • The Alliance can also send ED visit reports upon request; use these reports to arrange follow-up.
Care Coordination	<ul style="list-style-type: none"> • Establish a workflow in your practice to review records for visits that need follow-up. • Work with a hospital social worker or care coordinator who can schedule follow-up visits for the patient before discharge. • Once a follow-up visit is scheduled, establish workflows to provide member reminder calls. • Connect patients with care coordinators or community health workers to address any access barriers. • Consider telehealth appointments to remove barriers around transportation and patient schedule.

Codes for Follow-up Visits

The following visit codes meet the requirements for the measure and are reimbursable under Medi-Cal.

Type	Code
Alcohol and Other Drugs (AOD) Medication Treatment	H0033, J2315, Q9991, Q9992, S0109
Behavioral Health (BH) Care Outpatient Visit	98960, 98961, 98962, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99483, 99492-99494
Behavioral Health Assessment	G0442, H0049
E-visit or Virtual Check-In	99457, 99458
Opioid Use Disorder (OUD) Medication Treatment	G2086, G2087
Peer Support Service	T1016
Visit with Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <i>With</i> Place of Service (POS) 2, 10, 11, 49, 50, 52, 53, 57, 58

Please Note: This is not an exhaustive list.

Reminder: Visits must be conducted **either** by a mental health provider **or** by another provider with any diagnosis of SUD, substance use, or drug overdose.

For any questions about acceptable visit types, please email the Alliance QI Department deptQlteam@alamedaalliance.org.

2023 Quality Measure Highlight

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here to help you. We are sharing the 2023 Quality Measure Highlight: Follow-Up After Emergency Department Visit for Mental Illness (FUM) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and suggested best practices to help meet the measure.

For more information, please refer to the full Technical Specifications document or email the Alliance Quality Improvement Department at deptQIteam@alamedaalliance.org.

Measure Description: For members age six (6) years and older who go to the emergency department (ED) for a diagnosis of mental illness or intentional self-harm, the percentage of ED visits for which there was a follow-up visit within 30 days.

Identifying Visits for Inclusion: If a member has more than one (1) ED visit in a 31-day period, only the first mental illness or intentional self-harm-related visit is included. After 31 days, the member may have another eligible ED visit to include in this measure.

Example:	<ul style="list-style-type: none"> A patient visits the ED on January 1 for self-harm, then again for a major depressive episode on January 15. ➡ Only the visit on January 1 counts in the denominator.
	<ul style="list-style-type: none"> The patient visits the ED for another depressive episode on February 1. ➡ This visit also counts in the denominator.

Denominator: ED visits for a diagnosis of mental illness or intentional self-harm for members age six (6) and older.

Please Note: The denominator for this measure is based on **ED visits**, not on the number of patients. A patient may be included in this measure more than once.

Numerator: A follow-up visit within 30 days after the ED visit. Includes visits that occur on the date of the ED visit.

Follow-up visits are compliant when they include a principal diagnosis of either:

- A mental health disorder, or
- Intentional self-harm with a mental health disorder

Important things to note:

- Any provider who can code a visit with a qualifying CPT code may conduct follow-up visits or services.
- An outreach/scheduling or care coordination call alone **does not** count as a follow-up visit.
- A qualifying follow-up visit may be completed by a provider outside of your clinic/office.
- Dispensing of mental health treatment medications **does not** count as a follow-up for this measure.

Exclusions

Visits: ED visits that result in or are followed by admission (regardless of principal diagnosis) or residential treatment on the date of the ED visit or within 30 days after the ED visit.

Members: Those who were in hospice or who died at any time during the measurement year.

Best practices

Data	<ul style="list-style-type: none"> • If you use an electronic health record (EHR), set up automatic alerts for patient ED visits. • If you are not already integrated with an ED's EHR, participate in a Health Information Exchange (HIE) to obtain visit records. • If you work with paper charts, define staff responsibilities to review and triage incoming visit reports. • The Alliance can also send ED visit reports upon request; use these reports to arrange follow-up.
Care Coordination	<ul style="list-style-type: none"> • Establish a workflow in your practice to review records for visits that need follow-up. • Work with a hospital social worker or care coordinator who can schedule follow-up visits for the patient before discharge. • Once a follow-up visit is scheduled, establish workflows to provide member reminder calls. • Connect patients with care coordinators or community health workers to address any barriers to access. • Consider telehealth appointments to remove barriers around transportation and patient schedule.

Codes for Follow-up Visits

The following visit codes meet the requirements for the measure and are reimbursable under Medi-Cal.

Type	Code
Behavioral Health (BH) Care Outpatient Visit	98960, 98961, 98962, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99483, 99492-99494
E-visit or Virtual Check-In	99457, 99458
Visit with Setting Unspecified	90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <i>With</i> Place of Service (POS) 2, 10, 11, 49, 50, 52, 53

Please Note: This is not an exhaustive list.

Reminder: Visits must have a principal diagnosis of **either** a mental health disorder **or** intentional self-harm with any mental health disorder diagnosis.

For any questions about acceptable visit types, please email the Alliance QI Department at deptQIteam@alamedaalliance.org.

ALAMEDA ALLIANCE FOR HEALTH

Applied Behavior Analysis (ABA) and Behavioral Health Treatment (BHT) Services

Primary Care Provider Frequently Asked Questions (FAQs)

Overview

Alameda Alliance for Health (Alliance) is committed to improving the whole person health care services that we provide for our members. To realize this goal, the Alliance brought mental health and autism services in-house on Saturday, April 1, 2023, and now we are actively working to improve access to behavioral health services. Autism services include access to the Comprehensive Diagnostic Evaluation (CDE) to determine if a child or youth has Autism Spectrum Disorder (ASD) as well as Behavioral Health Treatment (BHT) services including Applied Behavioral Analysis (ABA).

Q: What is the Medi-Cal BHT Benefit?

A: Medi-Cal plans are responsible for providing medically necessary Behavioral Health Treatment (BHT), including Applied Behavior Analysis (ABA) services, to individuals under the age of 21 regardless of diagnosis. For more information, please refer to the Department of Health Care Services (DHCS) All Plan Letter 19-014.

The Alliance manages this benefit, and all referrals should be submitted to the Alliance.

Q: What is the role of the Alliance Behavioral Health (BH) team?

A: The Alliance Behavioral Health (BH) team includes Board Certified Behavior Analysts® (BCBAs®) and behavioral health navigators. The BH team supports coordinating the member's care from the point of referral to direct treatment. The BH team will review prior authorization (PA) requests for BHT/ABA and coordinate care with primary care providers (PCPs), ABA providers, and members/members' families.

Q: What is the role of the PCP?

A: PCPs are responsible for screening members under the age of 21 and making appropriate referrals for medically necessary treatment based on the unique needs of each member.

Please see the figure below for guidance on the PCP's role with members who have behavioral excesses and/or deficits that can be addressed by BHT/ABA.

Scenario #1



You or a member's family suspects that the member has autism. The member has never had a psychological assessment to rule out autism, and there are behavioral health concerns, and you are unsure of what type of BHT the member may need (ABA or other types of BHT).



Next Steps: Referral for Diagnostic Evaluation

A diagnostic evaluation for autism is administered by a licensed psychologist. The assessment is conducted to rule out autism (evaluation of child/adolescent with indications from screening of possible autism but no formal diagnosis has been given).

The evaluation may include a parent/care-giver interview and testing in the following areas: cognition, development, language, and social interaction. It may yield a diagnosis of autism and provide recommendations as needed.



Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Diagnostic Evaluation/ Psychological Assessment to rule out autism.*

Scenario #2



You determine that other behavioral health or mental health services may be medically necessary (you are not recommending ABA due to lack of supporting documentation or ABA is not clinically indicated).



Next Steps: Referral for Mental Health

Mental health services include all evidence-based services for treatment of mental and/or substance use disorders that may include depression, post-traumatic stress, anxiety disorders, phobias, ADHD, mood disorders, attachment disorders, and more.

Other common BHT may include individual and group counseling, medication, and other supportive services.

The Mental Health Assessment/Evaluation is conducted to rule out mental health diagnoses (evaluation of a child/adolescent with indications from screening of possible mental health diagnoses other than autism).



Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Mental Health Assessment/Referral.*

Scenario #3



- a. You have conducted your own assessment/ screening, are familiar with ABA treatment, and deem that the member can benefit from ABA treatment.
- b. A licensed psychologist has diagnosed member with autism or another diagnosis, and you deem that a referral for ABA treatment is medically necessary.



Next Steps: Referral for ABA

ABA treatment is a specific type of BHT that addresses socially significant behaviors (e.g., maladaptive behaviors, social interactions, communication, and self-help skills) through the application of behavioral strategies. ABA was first implemented with individuals with autism and intellectual disability; therefore, empirical research has mostly been concentrated on efficacy with these populations.

The first step in starting ABA services is having a BCBA conduct a Functional Behavior Assessment (FBA). The member must have a recommendation from a licensed physician or psychologist prior to the FBA approval.



Provider Form

Complete the **Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form** and select: *Applied Behavioral Analysis (ABA) Treatment*, and complete **Section 4: Evaluation/Referral Information**.

Ask the parent to call the Alliance Member Services Department to conduct the screening so we can obtain additional information regarding the member (e.g., member availability for services).

Q: Where can PCPs find the referral form for ABA treatment?

A: PCPs can request a referral by completing the Alliance Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form. The form is available on the Alliance website at www.alamedaalliance.org/providers/provider-forms.

Q: Where should PCPs submit completed referral forms?

A: Please fax the completed Alliance Behavioral Health (BH) Care – Autism Evaluation, BHT/ABA Referral Form along with all pertinent clinical documents to the Alliance Behavioral Health Department at **1.855.891.9163** or send it via a secure email to deptbhaba@alamedaalliance.org.

Q: What happens after a PCP refers a member to the Alliance for ABA treatment or Diagnostic Evaluation/Comprehensive Diagnostic Evaluation (CDE)?

A: Our BH team will review the completed request/referral form after it is received via fax or secure email.

Referral for Applied Behavior Analysis (ABA)/Behavioral Health Treatment (BHT):

- If the referral is appropriate and meets the criteria, our BH team will contact the member's parent to obtain their availability for services and email our ABA providers to coordinate the referral.
- Once an ABA provider confirms their availability and capacity to accept the referral, the Alliance will authorize the Functional Behavior Assessment (FBA)/initial ABA assessment.
- A notice of action (NOA) will be sent to the member, their assigned PCP, and the rendering provider. **Please Note:** The authorization for the FBA/initial assessment for ABA is typically approved for a two (2)-month duration.

Referral for a Comprehensive Diagnostic Evaluation (CDE) to determine the diagnosis of autism spectrum disorder (ASD):

- Our team will authorize the CDE with our contracted providers. A notice of action will be sent to the member, their assigned PCP, and the rendering CDE provider. **Please Note:** Authorization for the CDE is typically approved for a six (6)-month duration.
- Once the CDE is completed by the rendering provider, the CDE provider will fax the assessment to the BH team for review. If ABA is recommended in the assessment, the BH team will proceed with the FBA referral process described above.

If more information is needed, our BH team will call the PCP office or the member's parent/caregiver to obtain additional information.

Q: What services will still be provided through the Regional Center of the East Bay (Regional Center)?

A: The Regional Center will continue to provide the services they have available, such as Early Start for children up to five (5) years of age.

If you or patients need more information regarding Regional Center services, please call:

Alameda County Office – Headquarters
Regional Center of the East Bay
500 Davis Street, Suite 100
San Leandro, CA 94577
Telephone: **1.510.618.6100**

You can also find more information on their website:

- www.rceb.org/?r3d=getting-started-with-us
- www.rceb.org/clients/am-i-eligible/

Mental Health Services

Q: How do PCPs refer Alliance members who may need mental health services?

A: PCPs may refer members for mental health services by completing the Alliance Behavioral Health (BH) Care Referral Request Form and sending the referral form by:

Fax: **1.855.891.9168**

Send secure email: **deptbhmentalhealth@alamedaalliance.org**

To view and download the Alliance Behavioral Health (BH) Care Referral Request Form, please visit the Alliance website at **www.alamedaalliance.org/providers/provider-forms**.

Q: Once a referral is submitted, will PCPs receive confirmation of receipt?

A: The Alliance currently authorizes all mental health referrals and provides members with Alliance network mental health provider information to schedule their initial appointment. We are updating our workflow to send a confirmation of receipt to the referring PCPs.

Q: Is a PCP referral required for members to receive mental health services?

A: No. PCP referrals are not required for mental health services. Alliance members can self-refer for outpatient mental health services and find a mental health provider using the online Alliance Provider Directory at **www.alamedaalliance.org/help/find-a-doctor**.

Alliance members may also call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Q: Are there any limitations on mental health services?

A: There are no maximum limitations for treatment. However, each authorization period is for 12 visits. After 12 visits, a coordination of care update must be submitted by the treating mental health provider. The mental health provider must complete the Mental Health Coordination of Care Treatment Form for ongoing treatment to ensure care coordination with co-treating providers.

Q: How can PCPs view a list of contracted mental health providers?

A: To view a list of contracted mental health providers, PCPs may use the online Alliance Provider Directory at **www.alamedaalliance.org/help/find-a-doctor**.

Q: Can PCPs refer Alliance members to Alameda County Behavioral Health (ACBH)?

A: PCPs can refer Alliance Medi-Cal members to Alameda County Behavioral Health (ACBH) if a higher level of care such as, intensive outpatient, residential or psychiatric hospitalization is needed. Alliance members may also call the Alliance Member Services Department to be screened for ACBH services. The Alliance can then connect the members with ACBH for services.

PCPs can refer the Alliance member to call:

Alliance Member Services Department

Monday – Friday, 8 am – 5 pm

Phone Number: **1.510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Q: What are examples of services provided by the Alliance versus ACBH?

A: Examples of services for Alliance Medi-Cal members who may need outpatient mental health services include:

- Individual psychotherapy, group psychotherapy, psychological testing, and/or psychiatric consultation.

Examples of services for members from ACBH may include:

- Intensive outpatient program (IOP)
- Partial hospitalization program (PHP)
- Inpatient mental health services
- Mental health services for a serious mental illness including outpatient psychotherapy, care management, and psychiatric services to manage psychotropic medications.

For Alliance **Group Care** members, all mental or behavioral health services would be provided directly by the Alliance.

Q: Who can PCPs contact if there are questions about the mental health or BHT benefit process?

A: For questions or more information, PCPs may contact:

Alliance Provider Services Department

Monday - Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

Email: **providerservices@alamedaalliance.org**





Timely Access Standards*

Alameda Alliance for Health (Alliance) is committed to working with our provider network in offering our members the highest quality of health care services.

Timely access standards* are state-mandated appointment timeframes for which you are evaluated.

All providers contracted with the Alliance are required to offer appointments within the following timeframes:

APPOINTMENT WAIT TIMES	
Appointment Type:	Appointment Within:
Urgent Appointment that <i>does not</i> require PA	48 Hours of the Request
Urgent Appointment that <i>requires</i> PA	96 Hours of the Request
Non-Urgent Primary Care Appointment	10 Business Days of the Request
First Prenatal Visit	10 Business Days of the Request
Non-Urgent Appointment with a Specialist Physician	15 Business Days of the Request
Non-Urgent Appointment with a Behavioral Health Provider	10 Business Days of the Request
Non-Urgent Appointment with an Ancillary Services for the diagnosis or treatment of injury, illness, or other health conditions	15 Business Days of the Request

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	Appointment Within:
In-Office Wait Time	60 minutes
Call Return Time	1 business day
Time to Answer Call	10 minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines

PA – Prior authorization

Urgent Care – Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury (i.e., sore throats, fever, minor lacerations, and some broken bones).

Non-urgent Care – Routine appointments for non-urgent conditions.

Triage or Screening – The assessment of a member’s health concerns and symptoms via communication with a physician, registered nurse, or other qualified health professional acting within their scope of practice. This individual must be trained to screen or triage, and determine the urgency of the member’s need for care.

Shortening or Extending Appointment Timeframes – The applicable waiting time to obtain a particular appointment may be extended if the referring or treating licensed health care practitioner, or the health professional providing triage or screening services, as applicable, acting within the scope of their practice and consistent with professionally recognized standards of practice, has determined and noted in the member’s medical record that a longer waiting time will not have a detrimental impact on the health of the member.

Questions? Please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org