

ALAMEDA ALLIANCE FOR HEALTH PRIOR AUTHORIZATION GRID FOR MEDICAL BENEFITS FOR DIRECTLY CONTRACTED PROVIDERS ONLY
Before services are provided PLEASE CHECK • Member Eligibility • Medical Group • Benefit Coverage • Rendering Provider • Prior Authorization Code List
QUESTIONS – Call the Alliance at 510-747-4510

Type of Service	Line of Business and benefit criteria	Non-covered benefit	Authorization Required	No Authorization Required
Acupuncture	Medi-Cal: > 2 visits per month		√	
	Medi-Cal: ≤ 2 visits per month			√
	Group Care : <u>FIRST</u> 10 visits per benefit year			√
	Group Care : <u>AFTER</u> 10 visits per benefit year		√	
All services from non-contracted providers	All lines of Business		√	
Bariatric psychiatric evaluations (Managed by Beacon Health Strategies)	All lines of Business		√	
Biofeedback (check EOC for exceptions)	All lines of Business	√		
Cataract spectacles and lenses	All lines of Business		√	
Children’s Developmental Evaluations	All lines of Business			√
Chiropractic services	Medi-Cal: Provided <u>OUTSIDE</u> of Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) for all members	√		
	Medi-Cal: Provided at FQHC and RHC greater than 2 visits per month for all ages		√	
	GroupCare: After 20 visits per benefit year	√		
Clinical Trials	All lines of Business		√	
Cosmetic Services	All lines of Business	√		
Custodial Care	All lines of Business		√	
Dental Care (Refer to EOC for coverage criteria and exceptions).	Medi-Cal For IV Sedation & general anesthesia		√	
	GroupCare Covered through Public Authority	√		
Diagnostic and Laboratory Services (rendered through Quest Diagnostics)	All lines of business			√
Dialysis (except Davita centers)	All lines of business		√	
Durable medical equipment/repair (CHME aaorders@chme.org or fax 844-583-4049)	All lines of business		√	
Enteral and nutrition formulas (CHME aaorders@chme.org or fax 844-583-4049)	All lines of business		√	
Emergency Care/Treatment	All lines of business			√
EPSDT supplemental services	All lines of business		√	
Experimental/Investigational treatments	All lines of business	√		
Facility admissions (emergency & elective Inpatient, LTAC)	All lines of business		√	
Health Education	All lines of business			√
Home Health (PT, OT, MSW, infusion, wound care, etc)	All lines of business		√	
Hospice	All lines of Business- Place of Service: At Home and Inpatient at a facility			√

*** This list is not all inclusive, please refer to EOC for details about benefits and the comprehensive PA list for codes that require a prior authorization. Contact the Alliance if you have questions. Last revised 10.26.2016

Type of Service	Lin of Business and benefit criteria	Non-covered benefit	Authorization Required	No Authorization Required
Incontinence creams and washes	All lines of business	√		
Infertility treatment	All lines of business	√		
In-office injectables and chemotherapy (specialty drugs only, refer to website for specific drugs)	All lines of business		√	
Maternity and Newborn Admissions	All lines of business		√	
Mental Health (Beacon Health Strategies, 1-855-856-0577)	All lines of business			√
Non-emergency medical transportation (Refer to Logisticare 1-866-791-4158)	Group Care	√		
	Medi-Cal		√	
Nutrition and dietician assessment/counseling (both general and diabetic)	All lines of business			√
OB/GYN services including ultrasounds	All lines of business			√
Ophthalmology (annual services and care related to DM, glaucoma, macular degeneration)	All lines of business			√
Orthodontics, orthognathics and appliance therapy for TMJ	All lines of business	√		
Orthotics and Prosthetics	All lines of business		√	
Outpatient surgery and specialty procedures (refer to list for specific procedures)	All lines of business		√	
Outpatient therapy (ST,PT, OT)	All lines of business		√	
Podiatry services	Medi-Cal: ≥21 years old if provided <u>OUTSIDE</u> of a Federally Qualified Health Center (FQHC) or at a Rural Health Clinic (RHC). Only certain conditions are covered.		√	
	Medi-Cal: 1) <21 years old with no limitations on care settings 2) ≥21 years old if provided at FQHC or RHC up to 2 visits/month			√
	Medi-Cal: ≥21 years old if provided at FQHC or RHC greater than 2 visits/month		√	
	Group Care: All ages, clinic settings, and conditions		√	
Preventative Care	All lines of Business			√
Radiology (CT, MRI, and PET). Refer to website for specific codes; submit authorizations at www.carecorenational.com	All lines of Business		√	
Screening, Brief Intervention, and Referral to Treatment (SBIRT) for ≥ 18 years old. ***Substance abuse not covered.	Medi-Cal			√
	Group Care	√		
Second opinion requests	All lines of Business		√	
Sensitive services (including therapeutic abortion and HIV testing, & counseling)	Medi-Cal (contracted and non-contracted providers)			√
	Group Care (contracted providers only)			√
Sleep studies	All lines of Business		√	
Specialist referrals (within network)	All lines of Business			√
Standard diagnostic procedures (i.e. colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc)	All lines of Business			√
Transplant Services	All lines of Business - All pre-transplant services and evaluations, kidney and corneal transplants		√	
	Group Care- All major organ and bone marrow transplants		√	
	Medi-Cal- Major organ transplants (heart, lung, liver, bone marrow, etc)	√		
Vaccines	All lines of Business			√