

ALAMEDA ALLIANCE FOR HEALTH REFERRAL AND PRIOR AUTHORIZATION (PA) GRID FOR MEDICAL BENEFITS FOR DIRECTLY CONTRACTED PROVIDERS ONLY

Effective 01/01/2019

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**

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Acupuncture	Medi-Cal	Four (4) visits per month.		√	√	
	Medi-Cal	More than four (4) visits per month (clinical review required).		√		
	Group Care	First 10 visits per benefit year (self-referral).		√	√	
	Group Care	After 10 visits per benefit year.		√		
Admissions (Inpatient, Long-term Acute Care (LTAC), Skilled Nursing Facility (SNF), Subacute)	All LOB			√		
Allergy Services	All LOB	Allergen specific, each allergen is covered up to 50 units per patient annually; additional units would require medically necessary review.		√		
Bariatric Psychiatric Evaluations (Managed by Beacon Health Strategies)	All LOB			√		
Biofeedback	Medi-Cal		√	√		
	Group Care	Policy Exception: only covered if part of a treatment plan for Pervasive Developmental Disorder (PDD) or autism.		√		
Blood Products	All LOB			√		
CBAS (MLTSS Service)	Medi-Cal (SPD only)			√		
	Group Care		√	√		
Chemotherapy	All LOB			√		

NCB = Non-Covered Benefit PA = Prior Authorization LOB = Line of Business

Please Note: This list does not include all services. For questions about services not listed please call Alliance Provider Services **1.510.747.4510**

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Children's Developmental Evaluations	All LOB			√	√	
Chiropractic Services	Medi-Cal	Provided outside of a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) for all members. First 2 visits to PAR provider do not require prior auth. Any additional visits require authorization and are based on medical necessity		√		
	Medi-Cal	Provided at FQHC and RHC ≤ two (2) visits per month for all ages.			√	
	Medi-Cal	Provided at FQHC and RHC > two (2) visits per month for all ages.		√		
	Group Care	First 20 visits per benefit year (self-referral).			√	
	Group Care	After 20 visits per benefit year.	√			
Circumcision	Medi-Cal	54150 newborn not a covered code; 54160-63 fall under specialty surgery and require PA.	√			
Clinical Trials - Cancer Only	All LOB			√		
Cosmetic Services	All LOB	Enhancing, altering or reshaping appearance through surgical and medical techniques.	√			
Custodial Care	Medi-Cal	Non-covered Benefit (NCB) in the Alliance Medi-Cal Managed Care (MCMC) contract; the Alliance covers month of admission and following month only AND must notify DHCS for disenrollment back to Medi-Cal fee-for-service (FFS).		√		
	Group Care		√			
Dental Care (Refer to EOC for coverage criteria and exceptions)	Medi-Cal	For IV sedation and general anesthesia; services related to jaw preparation for radiation. General Dental: Carved-out to state Denti-Cal.		√		
	Group Care		√			Public Authority Phone Number: 1.510.577.3552
Diagnostic and Laboratory Services (Rendered through Quest Diagnostics)	All LOB				√	
Dialysis	All LOB	Covered for home peritoneal dialysis or outpatient hemodialysis.		√		

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TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
DME/Medical Supplies Incontinence Creams and Washes (CHME)	Medi-Cal	Under 21 years of age: Cream and wash products are covered where there is a chronic pathological condition that causes incontinence.		√		\\aah-fileserv2\clinical\Unit - Authorizations\Incontinence supply list MediCal\incontlist.xls
						\\aah-fileserv2\clinical\Unit - Authorizations\Incontinence supply list MediCal\incontinent creams washes.xls
DME/ Repair	All LOB			√		CHME email: aaorders@chme.org Fax: 1.844.583.4049 \\aah-fileserv2\clinical\Unit - Authorizations\DME\Medi-Cal DME Frequency Codes Sep 2013.pdf
DME Incontinence - Diapers (CHME)	Medi-Cal	Covered for chronic pathologic conditions that cause incontinence.		√		
Electroencephalography (EEG)	All LOB			√		
Emergency Care/Treatment	All LOB				√	
Enteral and Nutrition Formulas	All LOB			√		CHME email: aaorders@chme.org Fax: 1.844.583.4049
EPSDT supplemental services	Medi-Cal	CM for Out-of-Network (OON), coordination of care between practitioners, transferring medical information as necessary, complex care plans. Targeted CM (through RCEB); Behavioral Health members < 21 years of age; Home Health Nursing services.		√		
	Group Care		√			
Experimental/Investigational Treatments	All LOB		√			
Facility Admissions (Emergency and Elective Inpatient, LTAC)	All LOB			√		
Foot Orthotic	Medi-Cal	Covered with the diagnosis of diabetes.		√		
	Group Care	Podiatric devices to prevent or treat diabetes complications.	√			

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Genetic Testing	All LOB			√		
Health Education	All LOB				√	
Hearing Aids	All LOB				√	
HIV Testing and Counseling Services	All LOB				√	
Home Health	All LOB			√		
Hospice	All LOB	Place of Service: At Home			√	
	All LOB	Place of Service: Inpatient		√		
Imaging (Specialty: nuclear medicine, radiation therapy)	Medi-Cal			√		
	Group Care		√	√		
In-Office Injectable (Specialty drugs only, refer to the Alliance website for specific drugs)	All LOB			√		
Infertility Treatment	All LOB		√			
Infusion (Free Standing Infusion Centers)	All LOB		√			
Laboratory Services Basic	All LOB				√	
Maternity Admission (Coverage for infants)	Medi-Cal	Newborn is automatically covered under the mother the month of delivery and the following month.		√		
	Group Care	Covered for the first 30 days of life under the mother. Dependents are not eligible to enroll in Group Care.		√		
Mental Health	Medi-Cal	Mild to moderate only; severe carved out to county.			√	Beacon Health Strategies Toll-Free: 1.855.856.0577
	Group Care:	Covered in association of autism or Pervasive Developmental Disorder (PPD) or an emergency via emergency department (ED).		√		
Nutrition and Dietician Assessment/ Counseling (Both general and diabetic)	All LOB				√	

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
OB/GYN in Network	All LOB			√	√	
OB/GYN (out of network)	All LOB			√		
Orthodontics, Orthognathic and Appliance Therapy for TMJ	All LOB		√			
Orthotics and Prosthetics	All LOB	Breast Prosthetics: After removal of breast, external prosthetic plus three (3) bras/year.		√		
	All LOB					
	Medi-Cal	Foot orthotics with diagnosis of DM.		√		
	Group Care	Podiatric devices to prevent or treat diabetes complications.	√			
Out-of-Network (OON)	All LOB	All services from non-contracted providers with the exception of emergency, family planning and sensitive services.		√		
		OB/GYN professional services out of network (If qualifies for CoC, follow CoC process).		√		
		Out of State Service: Coverage is allowed when postponing care or return to California would cause severe health problems.		√		
		Out of Country: Coverage is allowed in Canada and/or Mexico only.		√		
Outpatient Surgery and Specialty Procedures (Refer to the Prior Authorization List for specific procedures)	All LOB	Required for both facility and professional services.		√		For a list of specific procedures please visit: www.alamemdaalliance.org
Palliative Care	Medi-Cal			√		
	Group Care		√			
	Medi-Cal	The testing and treatment of PKU are covered, including formulas and special food products that are a part of a diet prescribed by a physician or registered dietitian in consultation with a physician who specializes in the treatment of metabolic diseases.		√		

Phenylketonuria (PKU)	Group Care	The testing and treatment of PKU are covered, including formulas and special food products that are a part of a diet prescribed by a physician or registered dietitian in consultation with a physician who specializes in the treatment of metabolic diseases.		√		
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Podiatry	Medi-Cal	Provided outside of a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) for all members Beyond first 2 visits		√		
	Medi-Cal	Provided at or outside FQHC and RHC ≤ two (2) visits per month for all ages. (PAR providers only)			√	
	Medi-Cal	Provided at FQHC and RHC > two (2) visits per month for all ages.		√		
	Group Care	All ages: Clinic settings and conditions based on medical necessity.		√		
Preventative Care	All LOB				√	
Preventive Health Screenings for: 1. DEXA Scan (osteoporosis) 2. Mammogram (breast cancer) 3. Colonoscopy (colon cancer) 4. Diabetes Screening (diabetes) 5. Immunizations (children/adult)	All LOB	Use the most recent QI Preventive Health Guidelines as criteria.			√	
Radiology (Musculoskeletal x-rays, chest x-rays, mammogram, echo, EKG, PFT, DEXA, ultrasound, etc.)	All LOB				√	
Radiology (CT, MRI, MRA, PET)	All LOB			√		For specific codes please visit: www.evicore.com
Reconstructive Surgery	All LOB	Reconstructive surgical services performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following: (A) To improve function; (B) To create a normal appearance, to the extent possible.		√		

TYPE OF SERVICE	LOB	BENEFIT CRITERIA	NCB	PA REQUIRED	NO PA REQUIRED	RESOURCE
Rehab	All LOB	Outpatient Therapy (ST, OT, PT) not to exceed 60 consecutive calendar days per condition; additional services based on medical necessity. 60 day limit does not apply to Tx plans for autism or PDD. Tx plans will be reviewed every six (6) months.		√		
	Group Care	Cardiac: CPT 93797-98 or G0422-23		√		
		Pulmonary: (2) 1 hour sessions per day up to 36 sessions (additional 36 sessions per medically necessary for max of 72 total).		√		
		Acute Rehab: Evaluated by inpatient team as extension of admission.		√		
	Vocational		√			
Second Opinion Requests (Out-of-Network Providers only)	All LOB			√		
Sensitive Services (Including therapeutic abortion and HIV testing and counseling, family planning, sterilization, and counseling STD testing)	All LOB				√	
	Medi-Cal (Contracted and non-contracted providers)				√	
	Healthy Families, (in network)				√	
	Health Families (out of network)			√		
	Group Care (in network)				√	
	Group Care (out of network)			√		

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	Group Care – abortions Out of network		√			
Skilled Nursing Facility	Medi-Cal	100 days per benefit year.		√		
	Group Care (Contracted)	Covered for the month of admission plus the next month.		√		
Sleep Studies	Group Care			√		
Specialist Referrals (Within network)	All LOB				√	
Standard Diagnostic Procedures (i.e. colonoscopy, mammogram, ECHO, EKG, PFT, DEXA, ultrasound, etc.)	All LOB				√	
Substance Abuse	All LOB	Carved out to Alameda County Mental Health.		√		Alameda County Mental Health (ACCESS) Phone Number: 1.510.346.1000 Toll-Free: 1.800.491.9099
	Medi-Cal			√		Beacon Health Strategies Toll-Free: 1.855.856.0577

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Transgender Services	Medi-Cal	Mental and behavioral health services, hormone therapy, surgery that brings primary and secondary gendered characteristics into conformity with the individual identified gender.		√		
	Group Care		√			
Transplant Services	Medi-Cal	The Alliance is responsible for all services related to kidney and corneal; all other transplants are DHCS fee-for-service. The Alliance is responsible for professional and evaluations, up to acceptance by the transplant program and must use DHCS Center of Excellence Transplant program.		√		
	Group Care	All major organ and bone marrow transplants that are not experimental/investigational in nature.		√		
Transportation	Medi-Cal	Covered for: Emergency transportation, all levels; non-emergency medical transportation; non-medical transportation.		√		LogistiCare Toll-Free: 1.866.791.4158
	Group Care	Ground transportation by ambulance only for emergency.		√		
UV Light	All LOB				√	
Vaccines - Preventative Health	All LOB				√	
Vaccines - Travel	All LOB		√			
Vision	All LOB	Eye exam once every 24 months.			√	
	Medi-Cal	Cataract glasses and lenses covered.		√		March Vision Care Toll-Free: 1.844.336.2724
	Group Care			√		Public Authority Phone Number: 1.510.577.3552