



Important Update: Reconstructive 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 reconstructive surgery codes that require prior authorization.

This will affect claims with the date(s) of service starting Saturday, July 1, 2023, and onward. Enclosed with this notice is a code-specific list for reconstructive 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 Reconstructive 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
Reconstructive Surgery	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
	19318	BREAST REDUCTION	Alameda Alliance for Health or Delegate
	19325	BREAST AUGMENTATION W/IMPLT	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 1PDCL 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
	19380	REVJ RECONSTRUCTED BREAST	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
	23470	RECONSTRUCT SHOULDER JOINT	Alameda Alliance for Health or Delegate
	23472	RECONSTRUCT SHOULDER JOINT	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	

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Reconstructive Surgery (cont.)	27138	REVISE HIP JOINT REPLACEMENT	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
	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
	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
	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
	28313	REPAIR DEFORMITY OF TOE	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

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Reconstructive Surgery (cont.)	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
	30520	REPAIR OF NASAL SEPTUM	Alameda Alliance for Health or Delegate
	37799	VASCULAR SURGERY PROCEDURE	Alameda Alliance for Health or Delegate
	42140	EXCISION OF UVULA	Alameda Alliance for Health or Delegate
	42145	REPAIR PALATE PHARYNX/UVULA	Alameda Alliance for Health or Delegate
	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	Alameda Alliance for Health or Delegate
	43645	LAP GASTR BYPASS INCL SMLL I	Alameda Alliance for Health or Delegate
	43659	LAPAROSCOPE PROC STOM	Alameda Alliance for Health or Delegate
	43775	LAP SLEEVE GASTRECTOMY	Alameda Alliance for Health or Delegate
	43842	V-BAND GASTROPLASTY	Alameda Alliance for Health or Delegate
	43843	GASTROPLASTY W/O V-BAND	Alameda Alliance for Health or Delegate
	43845	GASTROPLASTY DUODENAL SWITCH	Alameda Alliance for Health or Delegate
	43846	GASTRIC BYPASS FOR OBESITY	Alameda Alliance for Health or Delegate
	43847	GASTRIC BYPASS INCL SMALL I	Alameda Alliance for Health or Delegate
	43848	REVISION GASTROPLASTY	Alameda Alliance for Health or Delegate
	43886	REVISE GASTRIC PORT OPEN	Alameda Alliance for Health or Delegate
	53410	RECONSTRUCTION OF URETHRA	Alameda Alliance for Health or Delegate
	53415	RECONSTRUCTION OF URETHRA	Alameda Alliance for Health or Delegate
	53420	RECONSTRUCT URETHRA STAGE 1	Alameda Alliance for Health or Delegate
	53425	RECONSTRUCT URETHRA STAGE 2	Alameda Alliance for Health or Delegate
	53430	RECONSTRUCTION OF URETHRA	Alameda Alliance for Health or Delegate
	53431	RECONSTRUCT URETHRA/BLADDER	Alameda Alliance for Health or Delegate
	54360	PENIS PLASTIC SURGERY	Alameda Alliance for Health or Delegate

SERVICE CATEGORY	PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	SUBMIT AUTHORIZATION REQUEST TO
Reconstructive Surgery (cont.)	64999	NERVOUS SYSTEM SURGERY	Alameda Alliance for Health or Delegate
	65770	REVISE CORNEA WITH IMPLANT	Alameda Alliance for Health or Delegate
	67950	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
	67974	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate
	67975	RECONSTRUCTION OF EYELID	Alameda Alliance for Health or Delegate