

## Alliance CompleteCare Authorization Table January 2008

Services	Authorization Required from Alliance	Comments
Autologous Blood	<b>Yes</b>	
Biofeedback	<b>Yes</b>	Biofeedback is only covered by Alliance CompleteCare for the treatment of urinary incontinence and anorectal incontinence (if certain criteria are met).
Dental - General Anesthesia and Facility	<b>Yes</b>	General Anesthesia and Facility charges are covered under certain circumstances when dental surgery is performed at a hospital.
Durable Medical Equipment (DME)	<b>Yes</b>	
Hearing Aids	<b>Yes</b>	
Home Health Care	<b>Yes</b>	
Home Infusion Therapy	<b>Yes</b>	
Incontinent/Medical Supplies	<b>Yes</b>	
Inpatient Admissions - Elective	<b>Yes</b>	
Orthotics/Prosthetics/Nutritional Formula	<b>Yes</b>	
Out Of Area Services - Elective	<b>Yes</b>	
Outpatient Rehabilitation	<b>Yes</b>	Outpatient Rehab includes Cardiac Rehab, Physical Therapy, Occupational Therapy, Respiratory Therapy, and Speech Therapy
Pharmaceutical Services		
Part B covered medications	<b>No</b>	Medications covered under Part B include medications administered in the office, the Flu vaccine, the Hep B vaccine, and the Pnuemonia vaccine. See Part D section below for vaccine coverage changes effective 1/1/08.
Part D Covered medications	<b>Yes</b>	Some drugs require authorization. Effective 1/1/08 selected vaccines are covered through the Part D benefit. The Part D Pharmacy benefit is managed by MedImpact, contact (888) 648-6754 for more information.
Medi-Cal Wrap Around Benefit	<b>Yes</b>	Some drugs require authorization. The Medi-Cal Wrap Around Benefit is managed by MedImpact, contact (888) 648-6754
Registered Dietitian Services	<b>Yes</b>	Registered Dietician services require authorization except when ordered by a doctor for the treatment of diabetes, kidney disease if the patient is not on dialysis, and after a transplant.
Second Opinion - Out Of Network	<b>Yes</b>	Members can also request second opinions directly from the Alliance.
Skilled Nursing Facility Admissions	<b>Yes</b>	
Specialty Physician Care - Out of Network	<b>Yes</b>	
Surgery - Inpatient Elective	<b>Yes</b>	
Transplants	<b>Yes</b>	
Transportation		
Air Ambulance	<b>Yes</b>	
Emergent	<b>No</b>	
Routine / Non-Emergent	<b>Yes</b>	Twenty-four (24) one-way trips to plan-approved location(s) are covered by Alliance CompleteCare every year. Additional transportation is covered if medically necessary. Call the Care Advisor Unit at (877)-747-7526 to arrange for services.
Transfers	<b>No</b>	Transportation from an institution to another institution or an institution to a member's home is covered, if other means would endanger the member's health.