

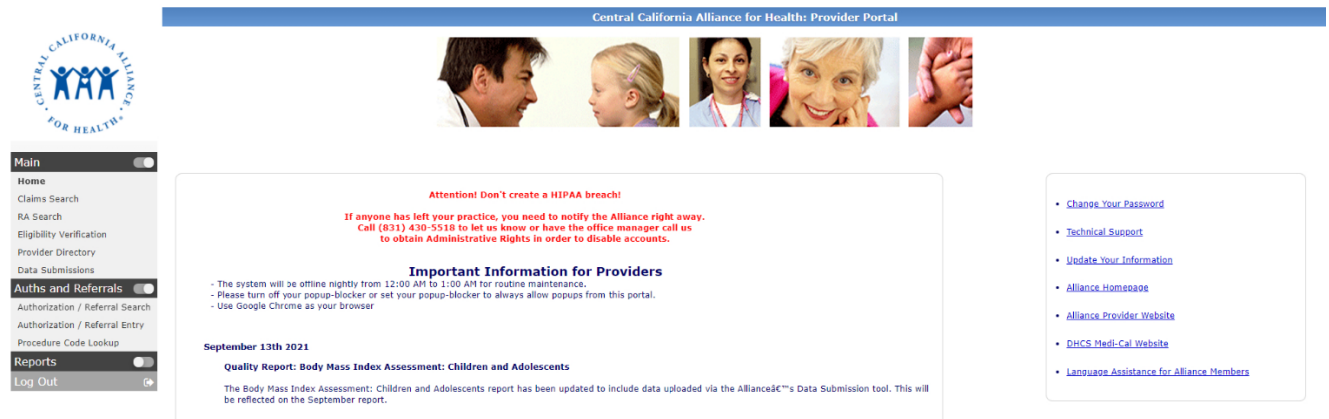
Using the Procedure Code Lookup Tool

JOB AID



10/2021

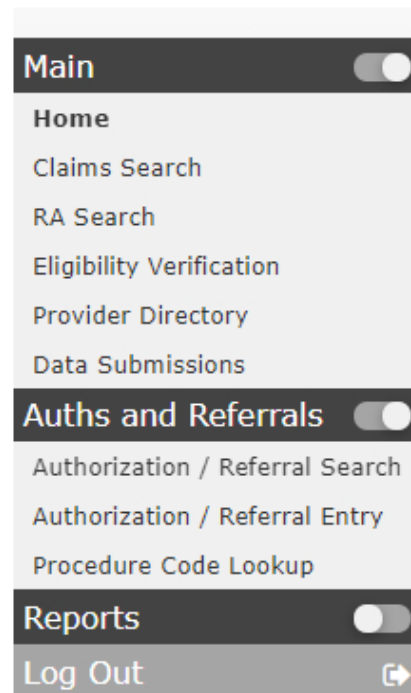
1. Log in to the [Provider Portal](#). You can use a direct link or find the link on the Alliance website in the [For Providers section](#).



2. On the left side column of the Provider Portal home screen, click the toggle for **Auths and Referrals**. You should see **Procedure Code Lookup** appear in the menu below.
3. Click on **Procedure Code Lookup** to go to the tool page.

Toggled for
authorizations
and referrals.

Click to go to
the PCL page.



Using the Procedure Code Lookup Tool

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- Once you are on the **Procedure Code Lookup Tool** page, read the directions at the top of the page.

Central California Alliance for Health: Provider Portal

Procedure Code Lookup Tool

Certain procedures require prior authorization (i.e. Treatment Authorization Request, abbreviated TAR) before the procedure is rendered and reimbursement can be made.

An authorization is needed to ensure that requested benefits:

- Are medically necessary.
- Do not exceed benefit limits.
- Are the lowest cost item or service covered by the program that meets the member's medical needs.

Use the search tool to determine whether a procedure code requires a prior authorization. The tool also provides information about the procedure code age, service, frequency and diagnosis code limits/requirements upon claim submission. This information is displayed as billable units based on the procedure code description.

To search for a procedure code or name, enter at least 3 characters of the procedure code or the main identifying word of the procedure name. Once you identify the procedure code, click "Select." You will be redirected to the main screen, where you can select a date of service and click "Retrieve Info."

Note: This tool is for determining TAR requirements only, and does not include Referral Authorization Forms (RAFTs). For RAF requirements, please refer to the [Provider Manual](#) or contact Utilization Management at 831- 430-5506. Go here for the [Treatment Authorization Form \(TAR\)](#).

1. Select Plan ⓘ
☒ Medi-Cal ☐ Alliance Care IHSS

2. Procedure Code ⓘ

3. Date of Service ⓘ

- Select a plan, enter/search a procedure code and select a date of service for the procedure. Then, click **Retrieve Info** to search. You may choose to **Print** the results or, if you'd like to start over, you can click **Clear**.

1. Select Plan ⓘ
☒ Medi-Cal ☐ Alliance Care IHSS

2. Procedure Code ⓘ

3. Date of Service ⓘ

Code:	0003M
Description:	Liver Disease, Ten Biochemical Assays (ALT, A2-Macroglobulin, Apolipoprotein A-1, Total Bilirubin, GGT, Haptoglobin, AST, Glucose, Total Cholesterol And Triglycerides) Utilizing Serum, Prognostic Algorithm Reported As Quantitative Scores For Fibrosis
Age Restriction:	NONE
Gender Restriction:	NONE
Procedure Category Name:	Temporary Codes
Benefit Status:	NON BENEFIT
Authorization Required:	YES
Referral Required:	NO
Service Restriction:	NONE

- If providers have follow-up questions or feedback regarding the tool, they can contact Provider Services at 831-430-5504.

