Prior Authorization List
Effective December 9, 2014

Prior authorization is required for the following services. Prior authorization is the responsibility of the provider ordering or rendering services to Kern Family Health Care members. Failure to obtain prior authorization for required services will result in denial of claim. Specialty evaluation services for Dermatology, Endocrinology, Neurology, Orthopedics, Podiatry, Pain Management, Plastic Surgery, Rheumatology, and Vascular, all require Prior Authorization. All non-participating, non-capitated, and out of network providers including tertiary facility requests for services, will require Prior Authorization.

This list applies to all services for which Kern Health Systems is the primary payor excluding inpatient stays. Services that are not a benefit of the Member’s Evidence of Coverage or not a benefit under the Medi-Cal Program will not be authorized. This list is subject to revisions upon plan review.

1. Allergy
   - Testing and desensitization procedures
2. Anesthesia
   - for mouth procedures-dental both child and adult
3. Ambulance
   - Elective, non emergent transportation by ground or air
   - Non capitated and NPAR
4. Aquatic Therapy
5. Audiology
6. Adult Day Health Care/Community Based Adult Services
7. Bariatric Surgery/Treatments
8. Brachytherapy for coronary artery associated with PTCA
9. Breast Related procedures- including but not limited to:
   - Reconstruction
   - Reduction
   - Breast Implant or removal
   - Removal or replacement of tissue expander
10. Breast Imaging
    - excluding screening mammography over age 40, diagnostic mammography or Ultrasounds after abnormal mammography
11. BRCA testing
12. Behavioral Health Services- including but not limited to:
    - Applied Behavioral Analysis
    - Cognitive Skills Development
    - Psychological /Neuropsychological testing
13. Botox injections
14. Cardiac Diagnostics; excluding EKG and pacemaker checks
15. Chemotherapy
16. Cosmetic procedures-except for trauma and oncology
17. Dialysis and Provider Support Visits
18. ALL Durable Medical Equipment including but not limited to:
   - Orthotics and Prosthetics
   - Incontinence Supplies
   - Oxygen Equipment and Contents
   - Ambulatory assistive devices
19. Enteral and Parenteral Nutrition or Medical Foods
20. ENT
   - Hearing Aides Purchase/Repair
   - Cochlear Implants
   - Evoked Potential studies-auditory, peripheral, and visual
   - Tongue tied interventions
   - Tonsillectomy
   - Procedures for sleep apnea, snoring, and upper airway resistance syndrome
   - Excluding Otoacoustic emission and tympanometry
21. EEG procedures
22. Endovascular procedure- including but not limited to:
   - Venous ablations
   - Vein stripping/injections
23. ESSURE procedures
24. Experimental or Investigational Services (Non Covered Benefit)
   - Clinical trials
   - Category III codes
25. Fetal Non Stress Test studies
26. Fertility treatment (Non Covered Benefit)
27. Gastroenterology
   - Colonoscopy and Endoscopy involving Ultrasound or other optical endomicroscopy
   - Colonoscopy performed under general anesthesia
   - Capsule Endoscopy
   - Excludes screening colonoscopy over age of 50 or diagnostic colonoscopy with symptomatology
28. Genetic testing or therapy
29. Genitourinary
   - Circumcision
   - Insertion or replacement of penile prosthesis
   - Insertion of neurostimulator electrodes
- Insertion of peripheral neurostimulator pulse generator or receiver
- Penile revascularization for impotence

30. Gynecological diagnostics and surgery; including hysteroscopy

31. Home Health Services

32. Hospice Care (tracking purposes only)

33. Hospital Observations

34. Hyperbaric Oxygen Therapy

35. Hyperthermia Treatment in conjunction with Oncology

36. Implantable Cardiodefibrillator Device

37. Immunizations
  - RSV

38. Injectable Medications
  - Ultrasound guided injections

39. Infusion Medications-home or outpatient

40. Inpatient Admission or Confinement
  - Surgical/Non surgical
  - Skilled Nursing Facility
  - Long Term Care
  - Hospice
  - Rehabilitation Facility

41. Insulin Pump
  - Insertion/Removal
  - Supplies

42. Neurosurgical Procedures—ALL including but not limited to:
  - Bone Growth Stimulators
  - Brain
  - Spine-fusion; laminectomy
  - Nerve
  - Spinal Cord Stimulators-trial or implantation
  - Vagus Nerve Stimulators-trial or implantation

43. Orthopedic—ALL including but not limited to:
  - Bone Growth Stimulators
  - Bone grafts
  - Joint replacements
  - Osteotomies
  - Osteochondral allograft/knee
  - Orthognathic procedures
  - excludes fracture care
44. Out of Network and Out of Area service requests; Non Par PCP referral requests
45. Pain Management- ALL including but not limited to:
   - Epidural
   - Facet
   - Trigger point
   - Selective Nerve Branch block
   - Pain pump insertion or removal and all supplies
   - Spinal cord stimulator insertion/removal and all supplies
46. Pharmacy
   - Infusion medications
   - Retail RX prescriptions
47. Plastic Surgery-ALL including but not limited to:
   - Oculoplastic-Blepharoplasty
   - Abdominoplasty
   - Lipectomy
   - Liposuction
   - Panniculectomy
   - Laser treatment
   - Rhinoplasty
   - Rejuvenation procedures
48. Podiatry
49. Polysomnography (attended sleep studies)
50. Diagnostic Imaging-Radiology-performed in radiology facility, mobile units, or office –excluding plain film x-rays
   - MRI/MRA
   - CT/MRA
   - PET
   - Nuclear Medicine
51. Rehabilitation Services
   - Physical Therapy
   - Occupational Therapy
   - Speech Therapy
52. Robotics
53. Temporal Mandibular Treatment
54. Tertiary facility referral
55. Transplant related services; including initial consult and evaluations
56. Transportation Services
57. Unlisted Procedure Codes
58. Ventricular Assisted Devices; including wearable defibrillator vest
59. Wound Care Services
60. Wound Care Products and Procedure
   - Acellular Derm Matrix

This list represents the KHS standard services for prior authorization review requirements. Authorization and payment is subject to member’s eligibility and provider standings with Kern Health Systems at the time the service is rendered.