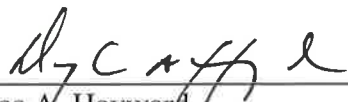




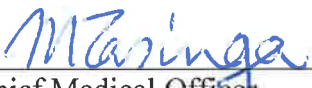
KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Prior Authorization Services and Procedures			POLICY #: 3.25-P		
DEPARTMENT: Utilization Management					
Effective Date: 2005-11	Review/Revised Date: 09/11/2017	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 9/11/17



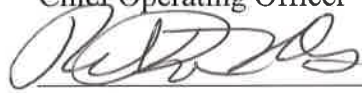
 Chief Medical Officer

Date 9/8/17



 Chief Operating Officer

Date 9/6/17



 Director of Claims

Date 8/29/17



 Administrative Director of Health Services

Date 8/23/17

POLICY:

Procedures/Services included on the *Prior Authorization List* require prior authorization or submission of a Referral/Authorization to KHS in order for claims to be paid for eligible members. All service and procedure request require submission of a *Referral/Prior Authorization form* for approval and/or tracking purposes.

PROCEDURE:

Authorization paperwork is required of the provider for services indicated on the *Prior Authorization* list. Providers are responsible to determine whether a service is on the aforementioned list requiring prior authorization. If prior authorization is not required as indicated by the procedures absence from the prior authorization list, the provider may directly refer a member for services without submitting a *Referral/Prior Authorization Form*, either via the online provider portal or fax at 661-664-5190 to the KHS UM Department. Providers may make an appointment or make arrangements for eligible

KFHC members to receive services by KHS contract providers. The Prior Authorization list can be accessed via the Kern Health Systems website at http://www.kernfamilyhealthcare.com/files/PA_List.pdf.

The table below lists additional services that are automatically paid if the listed restrictions are met.

SERVICE	RESTRICTIONS	ICD-9/CPT CODES
Abortion Services	<p>Prior authorization required for inpatient hospitalization</p> <p>See <i>KHS Policy and Procedure #3.21 – Family Planning Services and Abortion</i></p>	
Family Planning	<p>See <i>KHS Policy and Procedure #3.21 - Family Planning Services and Abortion</i></p> <p>Medi-Cal Members may see any qualified contracted or non-contracted provider.</p>	
Pregnancy Care	<p>The provider must comply with the utilization protocols related to authorization of additional care scheduled after the member's initial visit.</p> <p>Prior authorization is required for specialty procedures in the OB/GYN area (e.g., amniocentesis and hysterectomy)</p> <p>See <i>KHS Policy and Procedure #3.24 - Pregnancy and Maternity Care</i></p>	

REFERENCE:

Revision 2017-08: Updated by Administrative Director of Health Services to include new language and link to new Prior Authorization list. **Revision 2015-03:** Attachment revised by Administrative Director of Health Services. **Revision 2011-11:** Attachment A revised by Director of Health Services. New Attachment D Pediatrics no Authorization list added. **Revision 2011-08:** No revision to policy. Attachment A update by Director of Health Services. **Revision 2010-10:** Routine review, updated Attachment A – No Authorization list. **Revision 2006-05:** Revised Attachment A. **Revision 2005-11:** Revised Attachment A. **Revision 2005-06:** Created per CEO request.