



# PROVIDER *bulletin*

July 25, 2017

Dear Provider:

KHS does not require prior authorization for Medicare covered services under Part B for office or outpatient services when a member has Medicare as their primary insurance. In the event KHS determines the services were not a medically necessary covered benefit, KHS may deny payment for such services.

This policy only pertains to KHS members with Medicare as their primary health coverage, and is limited to office and outpatient services only. Exceptions that require prior authorization include:

- Home Health
- Durable Medical Equipment,
- Medications

KHS should be notified of all inpatient admissions including ALL admissions to Acute Inpatient Hospitals, Long Term Care & Skilled Nursing Facilities, and Inpatient Rehabilitation Facilities. KHS will coordinate benefits for claims payment. All other requests are subject to review and prior authorization requirements.

If you have questions please feel free to contact the KHS Provider Relations Department at (661)664-5146.

Sincerely,

Jake Hall  
Provider Relations Supervisor

