



# PROVIDER *bulletin*

December 1, 2017

Dear Provider:

KHS does not require prior authorization for covered services when a member has Medicare or other health insurance as their primary insurer. In the event KHS determines the services were not a medically necessary covered benefit, KHS may deny payment for such services. However, if a Provider has received a denial from the member's primary coverage prior to the services being rendered, Providers can submit authorization request to KHS with the denial determination from the primary coverage.

Exceptions that continue to require prior authorization with KHS as secondary payer include:

- Home Health
- Medications
- Services not covered under primary health plan

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)664-5566.

Sincerely,

Jeff Pollock  
Health Services Program Administrator

