



August 29, 2025

UPDATES TO THE PRIOR AUTHORIZATION LIST

Dear Provider,

Kern Health Systems (KHS) maintains a Prior Authorization List, outlining CPT codes that require authorization. As part of our ongoing efforts to enhance operational efficiency and ensure optimal care for our members, KHS conducts an ongoing review of our Prior Authorization List.

Effective 9/1/2025, KHS has made changes to the CPT codes that require prior authorization, please see below.

Please Note: The Prior Authorization list does not pertain to Inpatient services. All Inpatient services require authorization.

The Prior Authorization List is posted on the KHS website and Portal, please see below:

- <https://www.kernfamilyhealthcare.com/providers/provider-resources/prior-authorization-list/>
- **Provider Portal Home Page** > Quick Link > Prior Authorization List

CPT Codes **ADDED** to the PA List Effective 9/1/2025:

CPT Code	CPT Description
J9328	INJECTION, TEMOZOLOMIDE
0345U	PSYC GENOMIC ALYS PANEL VARIANT ALYS 15 GENES

Ongoing, the Prior Authorization List as needed changes are identified. ***It is the provider/facilities responsibility to check for any updates prior to rendering services.***

[Provider Bulletins](#) are available on the [KHS website](#). Please visit the site regularly to stay informed about the latest updates and announcements. If you have any additional questions, please contact your Provider Relations Representative at 1-800-391-2000, silent prompt option #5.