PROVIDER Bulletin

KERN HEALTH SYSTEMS

October 6, 2025

Reminder: 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 10/8/2025 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 **10/8/2025:**

CPT Code	CPT Description
87798	Detect agent nos DNA amp
87799	Detect agent nos DNA quant
A2001	InnovaMatrix AC, per sq cm
A2002	Mirragen Advanced Wound Matrix, per sq cm
A2004	XCelliStem, 1mg
A2005	Microlyte Matrix, per sq cm
A2026	Restrata MiniMatrix, 5 mg
A6154	Wound pouch each
E0784	Ext amb infus pump insulin
J1300	Eculizumab injection
J3380	Injection, vedolizumab
K0606	AED garment w ele analysis
Q4118	MatriStem micromatrix, 1 mg
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm
Q4125	Arthroflex, per sq cm
Q4126	MemoDerm, DermaSpan, TranZgraft or IntéguPly, per sq cm
Q4130	Strattice ™, per sq cm
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
Q4151	AmnioBand or Guardian, per sq cm
Q4154	Biovance, per sq cm

CPT Code	CPT Description
Q4166	Cytal, per sq cm
Q4170	Cygnus, per sq cm
Q4175	Miroderm, per sq cm
Q4176	Neopatch, per sq cm
Q4188	AmnioArmor, per sq cm
Q4197	PuraPly XT, per sq cm
Q4201	Matrion, per sq cm
Q4203	Derma-Gide, per sq cm
Q4231	Corplex p per cc
Q4236	carePATCH, per sq cm
Q4252	Vendaje, per sq cm
Q4279	Vendaje AC, per sq cm
Q4287	DermaBind DL, per sq cm
Q4288	DermaBind CH, per sq cm
Q4289	RevoShield+ Amniotic Barrier, per sq cm
Q4290	Membrane Wrap-Hydro™, per sq cm
Q4291	Lamellas XT, per sq cm
Q4292	Lamellas, per sq cm
Q4293	Acesso DL, per sq cm
Q4294	Amnio Quad-Core, per sq cm
Q4295	Amnio Tri-Core Amniotic, per sq cm
Q4296	Rebound Matrix, per sq cm
Q4297	Emerge Matrix, per sq cm
Q4298	AmniCore Pro, per sq cm
Q4299	AmniCore Pro+, per sq cm
Q4300	Acesso TL, per sq cm
Q4301	Activate Matrix, per sq cm
Q4301	Activate matrix per sq cm
Q4302	Complete ACA, per sq cm
Q4303	Complete AA, per sq cm
Q4304	GRAFIX PLUS, per sq cm
Q4304	Grafix plus per sq cm
Q4305	American Amnion AC Tri-Layer, per sq cm
Q4306	American Amnion AC, per sq cm
Q4307	American Amnion, per sq cm
Q4308	Sanopellis, per sq cm
Q4309	VIA Matrix, per sq cm
Q4310	Procenta, per 100 mg
Q4311	Acesso, per sq cm

CPT Code	CPT Description
Q4312	Acesso AC, per sq cm
Q4313	DermaBind FM, per sq cm
Q4314	Reeva FT, per sq cm
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm
Q4316	AmchoPlast, per sq cm
Q4317	VitoGraft, per sq cm
Q4318	E-Graft, per sq cm
Q4319	SanoGraft, per sq cm
Q4320	PelloGraft, per sq cm
Q4321	RenoGraft, per sq cm
Q4322	CaregraFT, per sq cm
Q4323	alloPLY, per sq cm
Q4324	AmnioTX, per sq cm
Q4325	ACApatch, per sq cm
Q4326	WoundPlus, per sq cm
Q4327	DuoAmnion, per sq cm
Q4328	MOST, per sq cm
Q4329	Singlay, per sq cm
Q4330	TOTAL, per sq cm
Q4331	Axolotl Graft, per sq cm
Q4332	Axolotl DualGraft, per sq cm
Q4333	ArdeoGraft, per sq cm
S1040	Cranial remolding orthosis
S5102	Adult day care per diem
S9325	HIT pain mgmt per diem
S9366	HIT tpu 2 liter diem
S9376	HIT hydra 3 liter diem
T2101	Breast milk

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.