



April 23, 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 5/1/2025, KHS has made changes to the CPT codes that require prior authorization.**

Our review of the Prior Authorization List included an evaluation of all existing CPT procedure codes. These changes led to a significant reduction in procedure codes that will require prior authorization. However, it did result in the addition of a small amount of procedure codes to the Prior Authorization List; additions are listed in table 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

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

### **CPT Codes ADDED to the PA List Effective 5/1/2025**

CPT Code	CPT Description
90869	Transcranial Magnetic Stimulation
90867	Initial TMS treatment
90868	subsequent TMS treatment
90869	Re-evaluation TMS
E1399	DME Miscellaneous
E0483	High freq chest wall oscillation system

[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.