



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
<b>Policy Title</b>	Prior Authorization Services and Procedures	<b>Policy #</b>	3.25-P
<b>Policy Owner</b>	Utilization Management	<b>Original Effective Date</b>	2005-11
<b>Revision Effective Date</b>	09/27/2024	<b>Approval Date</b>	8/1/2025
<b>Line of Business</b>	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

## I. PURPOSE

To define Kern Health System (KHS) utilization management referral categories requiring prior authorization requests for service approval and claims payment, to include service types that are automatically paid if certain restrictions are met

## II. POLICY

- A. Procedures/Services included on the Prior Authorization List require prior authorization or submission of a Referral/Authorization to KHS in order for claims to be paid for eligible members. All service and procedure request require submission of a Referral/Prior Authorization form for approval and/or tracking purposes.

## III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

## IV. PROCEDURES

- A. Authorization paperwork is required of the provider for services indicated on the Prior Authorization list.
- B. The Prior Authorization list can be accessed via the Kern Health Systems website at [http://www.kernfamilyhealthcare.com/files/PA\\_List.pdf](http://www.kernfamilyhealthcare.com/files/PA_List.pdf).
- C. Providers are responsible to determine whether a service is on the aforementioned list requiring

prior authorization. If prior authorization is not required as indicated by the procedures absence from the prior authorization list, the provider may directly refer a member for services without submitting a Referral/Prior Authorization Form, either via the online provider portal or fax at 661-664-5190 to the KHS Utilization Management (UM) Department. Providers may make an appointment or make arrangements for eligible Kern Family Health Care (KFHC) members to receive services by KHS contract providers.

- D. For detailed process pertaining to KHS process for prior authorization review and determination, please refer to KHS Referral and Authorization Process Policy 3.22-P.
- E. For a list of Services that do not require any form of authorization please refer to KHS Referral and Authorization Process Policy 3.22-P.
- F. The table below lists additional services that are automatically paid if the listed restrictions are met.

SERVICE	RESTRICTIONS
Abortion Services	Prior authorization required for inpatient hospitalization  <i>See KHS Policy and Procedure #3.21 – Family Planning Services and Abortion</i>
Family Planning	<i>See KHS Policy and Procedure #3.21 - Family Planning Services and Abortion</i>  Medi-Cal Members may see any qualified contracted or non-contracted provider.
Pregnancy Care	The provider must comply with the utilization protocols related to authorization of additional care scheduled after the member's initial visit.  Prior authorization is required for specialty procedures in the OB/GYN area (e.g., amniocentesis and hysterectomy)  <i>See KHS Policy and Procedure #3.24 - Pregnancy and Maternity Care</i>

## V. ATTACHMENTS

Attachment A:	PCP List
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## REFERENCES

Reference Type	Specific Reference
Other	N/A

## VI. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-09	Updated by Senior Director of Health Services to include new language	B.G. Utilization Management
Revised	2017-08	Updated by Administrative Director of Health Services to include new language and link to new Prior Authorization list	-
Revised	2015-03	Attachment revised by Administrative Director of Health Services.	-
Revised	2011-11	Attachment A revised by Director of Health Services. New Attachment D Pediatrics no Authorization list added.	-
Revised	2011-08	No revision to policy. Attachment A update by Director of Health Services	-
Revised	2010-10	Routine review, updated Attachment A – No Authorization list	-
Revised	2006-05	Revised Attachment A	-
Revised	2005-11	Revised Attachment A	-
Effective	2005-06	Created per CEO request.	-

## VII. APPROVALS

Committees   Board (if applicable)	Date Reviewed	Date Approved
N/A		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
N/A		

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Deputy Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



### Policy and Procedure Review

**KHS Policy & Procedure:** 3.25-P Prior Authorization Services and Procedures

**Last approved version:** 09/11/2017

**Reason for revision:** Updated by Senior Director of Health Services to include new language.

Director Approval		
Title	Signature	Date Approved
Senior Director of Health Services Christine Pence		
Medical Director of Utilization Management Dr. Maninder Khalsa		
Senior Director of Provider Relations Amisha Pannu		
Senior Director of Member Services Nate Scott		

Date posted to public drive: \_\_\_\_\_

Date posted to website ("P" policies only) : \_\_\_\_\_