



September 15, 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 10/1/2025 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 10/1/2025:

CPT Code	CPT Description
Q4116	Alloderm
Q4122	Dermacell
Q4130	Strattice TM
Q4166	Cytal, per square centimeter
Q4197	PuraPly XT, per sq cm
Q4231	Corplex p, per cc
Q4268	SURGRAFT FT PER SQ CM
Q4301	Activate matrix, per sq cm
Q4304	Grafix plus, per sq cm

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.