KERN HEALTH SYSTEMS

PROVIDER bulletin

November 11, 2021

Prior Authorization Requests

Dear Provider:

Services or specialties requiring prior authorization are located on the KHS provider portal as well as on the KHS website:

https://www.kernfamilyhealthcare.com/clientfiles/getfile/PA-List.pdf

Kern Health Systems does make updates to the prior authorization list so please visit the KHS website on a monthly basis to confirm if services require prior authorization. When accessing the prior authorization list, you can search the list for the applicable CPT code by holding down the Ctrl button on your keyboard and pushing the F letter on your keyboard. When the search bar appears in the top right corner of the prior authorization list, you can type in the CPT code you need to search to determine if the code requires prior authorization.

Prior authorization requests must be submitted through the KHS portal. If you do not have access to the KHS provider portal, please contact your Provider Relations Representative who will provide you with the administrative user for your account. Access to the KHS provider portal is given by the administrator for your organization's account.

Timeframe to Process:
Routine: five business days
Urgent: three business days

Notification of action:
Notification to providers is provided via the method of submission, either online portal, mail, or facsimile.

Failure to obtain prior authorization will result in a denial when billing for the service rendered.

Retro Authorization:

In the event an urgent or emergent service is rendered to a patient without obtaining prior authorization, a retrospective authorization can be requested via the KHS provider portal. When requesting a retrospective authorization, in the request type drop down, select retrospective. Please also add the date the service was performed to the webnote section of the retro authorization. All retro authorization requests must have the medical records attached to the request. The request will be reviewed by the KHS Utilization Management Department to determine eligibility, if services rendered were urgent or emergent, and to review if the service performed met the criteria for medical necessity. KHS will communicate its decision to the provider within 30

days of the receipt of the retrospective request. If the retro-authorization is approved, you should submit your claim as quickly as possible to avoid timely filing issues. KHS allows 60 days from the date of service to request a retro authorization.

To reiterate – Retro-authorizations must be submitted through the KHS Provider Portal. If submitted via claims, the claim will be denied as no authorization exists.

For additional information, please contact your KHS Provider Relations Representative at (661) 664-5000.

Thank you,

Melissa Lopez
Provider Relations Manager