



PROVIDER *bulletin*

September 14, 2021

Allergy Consults

As you are aware allergy consultations currently do not require prior authorization. However, our in-network allergists have reached their capacity for accepting new assignment. To remedy this issue, KHS is requesting providers submit an authorization following the instructions below for members in need of an allergy consult.

Authorization Submission Instructions:

- Please select the requesting provider who is requesting the referral as normal.
- Under “Last Name” in the search field please enter “NON PARTICIPATING PROVIDER” and select it as the **treating** provider. Or you can enter PRV029460 under “Provider ID” and click search. Both will prompt the system to pull up the image below.
- In the **notes** section, please indicate the specialty is **allergy**.

| | | |
|---------------------|--|----------------|
| Provider Last Name | <input type="text" value="NO PARTICIPATING PROVIDER"/> | Search Results |
| Provider First Name | <input type="text" value="First Name"/> | |
| NPIN | <input type="text"/> | |
| Provider ID | <input type="text"/> | |
| | <input type="button" value="Search"/> | |
| | Advanced Search | |

| | In Network? | Provider Name | Location | Type | Provider Role | Specialty |
|--|-------------|-----------------------------|--|-----------|---------------------------------|------------------|
| | N | NON PARTICIPATING PROVIDER, | NON PARTICIPATING PROVIDER 2900 BUCK OWENS BLVD BAKERSFIELD, CA - 93308 USA Phone: 6616645000 Fax: 0000000000 | PHYSICIAN | Treati <input type="checkbox"/> | General Practice |

By selecting “NON PARTICIPATING PROVIDER”, the KHS Utilization Management team will be able to find a provider outside of the contracted network.

If you have any questions, please feel free to contact your Provider Relations Representative at 661-664-5000.

Thank you,

Melissa Lopez
Provider Relations Manager
Kern Health Systems

