



UPDATES TO THE PRIOR AUTHORIZATION LIST

3rd Notice

September 26, 2024

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 10/1/2024, KHS has made changes to the CPT codes that require prior authorization. These changes will result in an overall reduction of authorizations across our network.

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 the [addendum](#) to this bulletin. ***Please note CPT code 99349 has been removed from this list since the original Provider Bulletin was issued on September 9th, 2024.***

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.

PROVIDER Bulletin



KERN HEALTH
SYSTEMS

Please note that effective **10/1/2024**, when a Medi-Cal non-covered code is selected the pop-up box below will appear and allow the Provider to submit a covered code.



If you'd like to keep the current code, please click "OK." If you want to update it to a Medi-Cal covered code, click "Cancel" and proceed with the changes.

[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.

Sincerely,

Kristie Onaindia
Provider Relations Manager
Kern Health Systems



Addendum

This table below includes the CPT codes added to the Prior Authorization List as mentioned above.

CPT Code	Code Description
11102	Tangential biopsy of skin (e.g., shave, scoop, saucerize, cu
11103	Tangential biopsy of skin (e.g., shave, scoop, saucerize, cu
11104	Punch biopsy of skin (including simple closure, when perform
11105	Punch biopsy of skin (including simple closure, when perform
15789	Chemical peel face dermal
21933	Exc back tum deep 5 cm/>
27096	Inject sacroiliac joint
27447	Total knee arthroplasty
64615	Chemodenerv musc migraine
66984	Cataract surg w/iol 1 stage
93306	TTE w/doppler complete
93970	Extremity study
99454	Remote monitoring of physiologic parameter(s) (eg, weight, b
J7324	Orthovisc inj per dose
Q4133	Grafix prime
Q4160	Nushield per square CM
Q4186	Epifix, per sq cm
Q4187	Epicord, per sq cm
Q4196	PuraPly AM, per sq cm
Q9983	FLORBETABEN F18 DIAGNOSTI