

Kaiser Permanente Colorado Region Pre-Authorization List

Important pre-authorization reminders

- 1. Failure to provide notification of inpatient admission or secure approval for services subject to preauthorization will result in claim non-payment and provider liability. Members may not be balance billed.
- 2. Before requesting pre-authorization, please verify member eligibility and benefits. Member contracts determine
- 3. KP medical policies & guidelines, Milliman Care Guidelines and CMS criteria may be used as the basis for service coverage determinations, including length of stay and level of care.
- 4. Member contracts have specific pre-authorization requirements. The member's contract language will apply.
- 5. Urgent/Emergent services do not require pre-authorization, but are subject to hospital admission notification rec
- 6. Please note that a pre-authorization does not guarantee payment for requested services. Our reimbursement policies may affect how claims are reimbursed and payment of benefits is subject to all plan provisions, including
- 7. Investigational and cosmetic services and supplies are typically contract exclusions and are ineligible for payment. Unlisted codes may be used for potentially investigational services and are subject to review.
- 8. Elective inpatient admissions: Pre-authorization is required for all elective inpatient admissions.

Please note the following:

- If the facility follows the inpatient admission and discharge notification requirement indicated above, they will not be subject to any pre-authorization penalties for failure by the physician or other health care professional to pre-authorize a service. We will review for medical necessity.
- If the physician or other health care professional follows the pre-authorization requirements outlined on our pre-authorization lists, they will not be subject to any penalties for failure of the facility to provide the required inpatient admission and discharge notification. We will review for medical necessity.
- The following are facility pre-authorization requirements prior to patient admission:

Inpatient rehabilitation
Skilled nursing facility (SNF) care
Long term acute care facility (LTAC) care
Acute Rehab facility

Residential treatment for mental health and chemical dependency