

2024 KPIC Treatments and Services that Require Precertification

The following treatments or services must be Precertified by the Medical Review Program:

1. Ambulatory Surgery including but not limited to:
 - a. Blepharoplasty
 - b. Cryosurgery of the prostate
 - c. Oral surgery
 - d. Sclerotherapy
 - e. Septoplasty
 - f. Sinus surgery
 - g. Uterine artery embolization
 - h. Uvulopalatoplasty
2. Bariatric surgery and subsequent procedures
3. Biofeedback
4. Biomarker testing
5. Clinical trials
6. Cognitive Rehabilitation (outpatient and home)
7. Dental procedures and dental anesthesia
8. Durable Medical Equipment
9. Endoscopy procedures (includes pill/video method)
10. Enteral solutions
11. Experimental/investigational procedures and drugs
12. Genetic testing
13. Habilitative Therapy
14. High Tech Radiology Services including but not limited to Magnetic Resonance Imaging (MRI), MRA, CTA, CT Scan, Myelogram, Nuclear Medicine Scans and PET scan
15. Home health care and Home Infusion services
16. Hospice (home and inpatient)
17. Hospitalization for dental procedures
18. Hyperbaric Oxygen Treatment
19. Implantable devices such as cochlear implants and left ventricular assist devices.
20. Infertility Services
21. Injectable Drugs
22. Inpatient hospital Confinements (including acute admissions from the Emergency Room post stabilization);
 - a. Inpatient acute admissions
 - b. Inpatient care at a Comprehensive Rehabilitation Facility
 - c. Inpatient care at a Skilled Nursing Facility or other licensed medical facility;
 - d. Inpatient mental health services
 - e. Inpatient chemical dependency/substance abuse services
23. Intacs – lens used for eye disorders
24. Multidisciplinary rehabilitation Services or programs
25. Non-Emergency Ambulance Services
26. Observation stays in a hospital
27. Orthotripsy
28. Pain Management
29. Pediatric Hearing Aid(s) and services
30. Prosthetics and Orthotics
31. Radiation Therapy, including but not limited to SBRT, SRS, SGRT, IMRT, and Proton
32. Reconstructive surgery including but not limited to:

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- a. Breast augmentation and reductions
 - b. Craniofacial reconstruction
 - c. Ocular surface reconstruction
 - d. Orthognathic surgery
 - e. Any procedure performed by a plastic surgeon.
33. Rehabilitation:
- a. Physical therapy (outpatient and home)
 - b. Occupational Therapy (outpatient and home)
 - c. Speech Therapy (outpatient and home)
 - d. Respiratory Therapy (home)
34. Sexual Dysfunction treatment
35. Sleep studies, including home sleep studies.
36. Spinal surgery
37. Stimulator therapy, including but not limited to: bladder disorders, brain disorders, pain management, and stomach disorders
38. Transplant Services (pre-transplant, transplant, and post-transplant)
39. Wound therapy (outpatient or home)

Permanente Advantage Contact Information for Precertification:

Website: [Pre-Certification Requests | Permanente Advantage | Kaiser Permanente](#)

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Link to [Permanente Advantage Pre-Certification Request Form](#).