

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 pre-authorization 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 benefits.
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 requirements.
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 eligibility for benefits.
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