



**KAISER PERMANENTE®**  
**Kaiser Permanente Georgia Region**  
**Provider Targeted Review List**  
**Kaiser HMO, Multi-Choice, PPO, Senior Advantage**  
**Effective 1/01/2020**

The Affiliated Community Physician is responsible for verification of member eligibility and benefit coverage by logging on to KP Online-Affiliate or calling Member Services at 404-261-2590. Failure to obtain authorization prior to providing the services listed below will result in a denial of payment. A medical necessity review decision will be issued to your office and to the member upon completion of the review process. Receipt of complete clinical information with the initial request will expedite the process. ***Authorization for approval of services based on medical necessity is never a guarantee of payment which must also meet the criteria of member eligibility and benefit availability.***

The Kaiser Permanente Quality Resource Management Department requires authorization of all post stabilization care including observation and inpatient admissions. Please call our Emergency Care Management hub at 404-365-4254 for authorization. . ***For emergency authorization of home health or durable medical services after regular business hours, contact 404-365-0966 or 800-611-1811 to speak with the QRM case manager on call.***

**Hours of Operation:**

Quality Resource Management Department	Monday through Friday 8:00 am – 5:00 pm 404-364-7320/800-221-2412
Member Services Department	Monday through Friday 7:00 am – 7:00 pm 404-261-2590
Emergency Care Management Hub	Available 24/7 404-365-4254

**Medical necessity review is required for the following services/conditions:**

- ◆ HMO members require QRM review and approval for reimbursement of **any non-contracted**, out of network (office based, outpatient, inpatient) services. All inpatient admissions require concurrent review for all members.
- ◆ Ambulatory Surgery – **The procedures/services found on the list below require authorization prior to the services being performed.** Please submit complete supporting clinical information with all requests.

**Please call all emergency admissions and medically STAT requests to QRM Intake at: 404-364-7320. Routine requests should be entered using KP Online-Affiliate or may also be faxed to Intake at: 866-452-4585.**

We reserve the right to add or remove from this list any procedures/services as deemed appropriate by the Kaiser Permanente Quality Forum Committee, Quality Resource Department (QRM) or management. The QRM department will strive to provide a sufficient notification period prior to any anticipated change. Thank you for your cooperation and please contact us with any questions.



KAISER PERMANENTE®

**Kaiser Permanente Georgia Region**

**Provider Targeted Review List**

**Kaiser HMO, Multi-Choice, PPO, Senior Advantage**

Effective 1/01/2020

- **All procedures/services found on the list below require prior authorization. Please submit complete supporting clinical information with all requests.**
- **Affiliated Network Providers:** authorization can be requested via KP Online-Affiliate. Please include your contact information/phone number.
- Stat requests **must** be called to 404-364-7320; all requests must include pertinent, supporting clinical indications for the requested service.

<ul style="list-style-type: none"> <li>• ABA Autism Services</li> <li>• AICD Insertion</li> <li>• Apligraf</li> <li>• Bariatric Surgery Referrals and subsequent procedures</li> <li>• Biofeedback</li> <li>• Biventricular Pacemaker</li> <li>• Blepharoplasty</li> <li>• Breast Augmentation</li> <li>• Breast Reduction</li> <li>• Circumcision – except for newborn infants immediately following delivery</li> <li>• Clinical Trials</li> <li>• Cochlear Implants</li> <li>• Craniofacial Reconstruction - cleft lip repair</li> <li>• Craniotomy for Dx of Craniosynostosis and/or Plagiocephaly</li> <li>• Day Physical Rehabilitation Program for intensive PT, OT &amp; ST,</li> <li>• Dental Procedures/Anesthesia</li> <li>• Designated Referral Providers <sup>1</sup></li> <li>• Disk Arthroplasty</li> <li>• DME (see separate listing for specific DME requiring notification/medical necessity review noted below)</li> <li>• DRUGS (see separate listing for specific drugs requiring notification / medical necessity review noted below)</li> <li>• Endoscopy, Wireless Pill/Capsule Video</li> <li>• Experimental/Investigational Procedures/Drugs</li> <li>• Feeding Disorder Treatment Referrals</li> <li>• Gastric Electrical Stimulation</li> <li>• Home Health Visits (all services)</li> <li>• Hospice – inpatient and home based care</li> <li>• Hyperbaric Oxygen Treatment</li> <li>• Imaging Studies: MRI, MRA, CT, CTA, PET <sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Infertility Referral and Infertility Related Procedures</li> <li>• Inpatient Admissions: including acute admissions from the ER, Observation stays and Elective admissions including Rehab, Long-term Care, Sub-acute and SNF admissions</li> <li>• Intacs</li> <li>• Interstim Therapy</li> <li>• Kyphoplasty</li> <li>• Left Ventricular Assist Device</li> <li>• Neuropsychological Testing – CPT code 96118/96119</li> <li>• Observation stays</li> <li>• Oral Surgery Services</li> <li>• Ocular Surface Reconstruction</li> <li>• Orthognathic Surgery</li> <li>• Orthotripsy</li> <li>• Pain Management: Epidural Injections, Facet Injections, Radiofrequency Ablation, Implantable Infusion Pump, Spinal Cord Stimulator <sup>3</sup>,</li> <li>• Partial Hospital Program for intensive individual and group therapy</li> <li>• Radiation Therapy: IMRT(Intensity-modulated radiation therapy), Proton Beam Therapy, SBRT (Stereo Tactic Body Radio therapy), SRS (stereotactic Radiosurgery – Gamma Knife), Brachytherapy.</li> <li>• Radiofrequency Ablation (tongue base)</li> <li>• Reconstructive Procedures (all procedures being performed by a plastic surgeon or that may be considered cosmetic)</li> <li>• Sexual Dysfunction procedures</li> <li>• Speech Therapy (freestanding/home care)</li> <li>• Transplants</li> <li>• Uterine Artery Embolization</li> <li>• Vagal Nerve Stimulation for Epilepsy</li> <li>• Varicose Vein Treatment (including sclerotherapy)</li> <li>• Wound Care – referrals to outpatient wound clinics</li> </ul>
--	---

**Special Notes:**

1. Designated Referral Provider is a physician, practitioner, Medical Office, hospital or other licensed provider that can provide Services to Members only after receiving authorization by the Chief of QRM or designee.
2. Precertification is not required for imaging studies being performed within a Kaiser Permanente.
  - **To schedule these studies at a Kaiser facility:** fax completed request form to 770-677-7302; Stat requests may be called to 770-677-5821.
3. Precertification is not required for pain management services being performed within a Kaiser Permanente Facility.



**KAISER PERMANENTE®**  
**Kaiser Permanente Georgia Region**  
**Provider Targeted Review List**  
**Kaiser HMO, Multi-Choice, PPO, Senior Advantage**  
**Effective 1/01/2020**

**All DME services found on the list below require authorization. Please submit request with supporting clinical information to the Kaiser Permanente contracted vendor of choice:**

<ul style="list-style-type: none"> <li>• Airway Clearance Vest</li> <li>• Apligraf</li> <li>• Apnea Monitor</li> <li>• Bone Stimulators</li> <li>• Cardioverter Defibrillator Vest (LifeVest)</li> <li>• Communicators</li> <li>• Cough Stimulating Device, Coffalator</li> <li>• Continuous Glucose Monitor</li> <li>• Continuous Passive Motion (CPM) machines- other than knee</li> <li>• CPAP, BiPAP</li> <li>• DOC Bands/Soft Shell Helmets</li> <li>• Dynamic Splints</li> <li>• Enteral solutions &amp; pump</li> <li>• External Vacuum Erection Devices</li> <li>• Hearing Aid</li> <li>• Insulin Pump</li> <li>• Lymphedema Pump</li> <li>• Neuromuscular Stimulators</li> </ul>	<ul style="list-style-type: none"> <li>• Orthotics/Prosthetics</li> <li>• Oxygen Therapy (in home)</li> <li>• Pain Management (equipment associated with pain management including implantable devices)</li> <li>• Patient Lifts</li> <li>• Pulse Oximeter</li> <li>• Scoliosis Brace</li> <li>• Seat Lifts</li> <li>• Suction Pump</li> <li>• Traction Unit (Lumber/Cervical)</li> <li>• Soft Supplies</li> <li>• Hospital Beds</li> <li>• Specialty Mattresses/Surfaces</li> <li>• Speech Generating Devices</li> <li>• Ventilators</li> <li>• Ventricular Assist Device</li> <li>• Wheelchairs/Scooters</li> <li>• Wheelchair cushions, seating systems</li> <li>• Wheeze Rate Monitor</li> <li>• Wound Vac</li> </ul>
---	---

**All DRUGS found on the list below require prior authorization. Please submit complete supporting clinical information with all requests.**

<p>Abaloparatide (Tymlos), Agalsidase Beta (Fabrazyme), Alemtuzumab (Lemtrada), Alirocumab (Praluent), Ampyra, Antihemophilic Factor (Recombinant / Elocate), Aubagio, Austedo (Deutetrabenazine), Berinert, Botox (Botulinum Toxins), Brodalumab (Siliq), Bydureon, Byetta, C1 Esterase Inhibitor (Haegarda), Corticotropin gel (Acthar), Cinryze, Daclatasvir (Daklinza), Daclizumab (Zinbryta), Dasabuvir (Viekira XR), Denosumab (Porlia), Dishlorphenamide (Keveyis), Dimethylfumarate (Tecfidera), Dupilumab (Dupixent), Dysport, Eculizumab (Soliris), Edavarone (Radicava), Elbasvir, Eluxadolone (Viberzi), Emflaza (Deflazacort), Empagliflozin/ Metformin (Synjardy), Enzyme Replacement Therapy, Etiplersen (Exondys 51), Evolocumab (Repatha), Firazyr (Icatibant), Gattex, Gilenya, Glatiramer acetate (glatopa, Copaxone), Glyxambi (empagliflozin and linagliptan), Grazoprevir (Zepatier), Haegarda, Hetlioz (tasimelteon), Histrelin Implant (Supprelin LA), Hizentra</p>	<p>Hyaluronic Acid Injections, Ilaris (Canakinumab), Ingrezza (Valbenazine), Interferon beta – 1a (Avonex, Plegriy) Invokana, IVIG, Ixekizumab (Taltz), Januvia, Janumet, Jardiance (empagliflozin), Juvisync, Juxtapid, Kalbitor, Kalydeco, Kazano, Keveyis, Kombiglyze XR, Kynamro, Ledipasvir / sofosbuvir (Harvoni), Lixisenatide (Adlyxin), Mavyret (Glecaprevir / Pibrentasivir), Mepolizumab (Nucala), Miglustat (Zavesca), Miltefosine (Impavido), Nesina, Nusinersen (Spinraza), Ocrelizumab (Ocrevus), Ombitasvir, Omnitroupe, Orkambi, Oseni, Paritaprevir, PSCK-9 inhibitors, Prolia, Provenge Therapy (Sipuleucel-T), Reslizumab, Rilonacept (Arcalyst), Ritonavir (Technivie), Ruconest (recombinant), Sabril (Vigabatrin), Sapropterin (Kuvan), Saxagliptin (Onglyza), Sofosbuvir / velpatasvir (Epclusa), Symlin, Stelara, Tanzeum (albiglutide), Tecfidera, Teriparatide (Forteo), Tremfya (Guselkumab), Trulicity (dulaglutide), Tysabri, Ustekinumab (Stelara), Velpatasvir</p>
---	--



KAISER PERMANENTE®

**Kaiser Permanente Georgia Region**

**Provider Targeted Review List**

**Kaiser HMO, Multi-Choice, PPO, Senior Advantage**

Effective 1/01/2020

<p>(Subcutaneous Immune Globulin), Ingrezza (Valbenazine), Interferon beta 1a (Rebif), Human Growth Hormone</p>	<p>(Eclusa), Viberzi (Eluxadoline), Victoza, Vosevi (Voxilaorevur), Xeomin, Xgeva, Xiaflex, Xolair.</p> <p><b>NOTE: All medications (less than 18 months) are subject to review.</b></p>
---	--