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 404-365-4252 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 Georgia Region
Provider Targeted Review List
Kaiser HMO, Multi-Choice, PPO, Senior Advantage
Effective 1/1/2017

- 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.

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AICD Insertion</td>
<td>• Infertility Referral and Infertility Related Procedures</td>
</tr>
<tr>
<td>• Apligraf</td>
<td>• Inpatient Admissions: including acute admissions from the ER, Observation stays and Elective admissions including Rehab, Long-term Care, Sub-acute and SNF admissions</td>
</tr>
<tr>
<td>• Bariatric Surgery Referrals and subsequent procedures</td>
<td>• Intacs</td>
</tr>
<tr>
<td>• Bio-feedback</td>
<td>• Interstim Therapy</td>
</tr>
<tr>
<td>• Biventricular Pacemaker</td>
<td>• Kyphoplasty</td>
</tr>
<tr>
<td>• Breast Augmentation</td>
<td>• Left Ventricular Assist Device</td>
</tr>
<tr>
<td>• Breast Reduction</td>
<td>• Neuropsychological Testing – CPT code 96118/96119</td>
</tr>
<tr>
<td>• Circumcision – except for newborn infants immediately following delivery</td>
<td>• Observation stays</td>
</tr>
<tr>
<td>• Clinical Trials</td>
<td>• Oral Surgery Services</td>
</tr>
<tr>
<td>• Cochlear Implants</td>
<td>• Ocular Surface Reconstruction</td>
</tr>
<tr>
<td>• Craniofacial Reconstruction - cleft lip repair</td>
<td>• Orthognathic Surgery</td>
</tr>
<tr>
<td>• Craniotomy for Dx of Craniosynostosis and/or Plagiocephaly</td>
<td>• Orthotripsy</td>
</tr>
</tbody>
</table>
| • Day Physical Rehabilitation Program for intensive PT, OT & ST.       | • Pain Management: Epidural Injections, Facet Injections, Radiofrequency Ablation, Implantable Infusion Pump, Spinal Cord Stimulator
| • Dental Procedures/Anesthesia                                         | • Partial Hospital Program for intensive individual and group therapy |
| • Designated Referral Providers ¹                                      | • Radiation Therapy: IMRT (Intensity-modulated radiation therapy), Proton Beam Therapy, SBRT (Stereo Tactic Body Radio therapy), SRS (stereotactic Radiosurgery – Gamma Knife), Brachytherapy, Radiofrequency Ablation (tongue base)
| • Disk Arthroplasty                                                   | • Reconstructive Procedures (all procedures being performed by a plastic surgeon or that may be considered cosmetic) |
| • DME (see separate listing for specific DME requiring notification/medical necessity review noted below) | • Sexual Dysfunction procedures |
| • DRUGS (see separate listing for specific drugs requiring notification / medical necessity review noted below) | • Speech Therapy (freestanding/home care) |
| • Endoscopy, Wireless Pill/Capsule Video                              | • Transplants                                                          |
| • Experimental/Investigational Procedures/Drugs                        | • Uterine Artery Embolization                                          |
| • Feeding Disorder Treatment Referrals                                 | • Vagal Nerve Stimulation for Epilepsy                                 |
| • Gastric Electrical Stimulation                                       | • Varicose Vein Treatment (including sclerotherapy)                     |
| • Home Health Visits (all services)                                    | • Wound Care – referrals to outpatient wound clinics                   |
| • Hospice – inpatient and home based care                             |                                                                 |
| • Hyperbaric Oxygen Treatment                                          |                                                                 |
| • Imaging Studies: MRI, MRA, CT, CTA, PET ²                            |                                                                 |

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.
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:

- Airway Clearance Vest
- Apligraf
- Apnea Monitor
- Bone Stimulators
- Cardioverter Defibrillator Vest (LifeVest)
- Communicators
- Cough Stimulating Device, Coffalator
- Continuous Glucose Monitor
- Continuous Passive Motion (CPM) machines other than knee
- CPAP, BiPAP
- DOC Bands/Soft Shell Helmets
- Dynamic Splints
- Enteral solutions & pump
- External Vacuum Erection Devices
- Hearing Aid
- Insulin Pump
- Lymphedema Pump
- Neuromuscular Stimulators
- Orthotics/Prosthetics
- Oxygen Therapy (in home)
- Pain Management (equipment associated with pain management including implantable devices)
- Patient Lifts
- Pulse Oximeter
- Scoliosis Brace
- Seat Lifts
- Suction Pump
- Traction Unit (Lumber/Cervical)
- Soft Supplies
- Hospital Beds
- Specialty Mattresses/Surfaces
- Speech Generating Devices
- Ventilators
- Ventricular Assist Device
- Wheelchairs/Scooters
- Wheelchair cushions, seating systems
- Wheeze Rate Monitor
- Wound Vac

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

| Agalsidase Beta (Fabrazyme), Alemtuzumab (Lemtrada), Ampyra, Antihemophilic Factor (Recombinant / Elocate), Aubagio, Berinert, Botox (Botulinum Toxins), Bydureon, Byetta, Corticotropin gel (Acthar), Cinryze, Daclatasvir (Daklinza), Daclizumab (Zinbryta), Dasabuvir (Viekira XR), Dysport, Eculizumab (Soliris), Elbasvir, Enzyme Replacement Therapy, Firazyr (Icatibant), Gattex, Gilenya, Glatiramer acetate, Glyxambi (empagliflozin and linagliptan), Grazoprevir (Zepatier), Hetlioz (tasimelteon), Histrelin Implant (Supprelin LA), Human Growth Hormone, Hyaluronic Acid Injections, Ilaris (Canakinumab), Interferon beta – 1a (Avonex, Plegridy) Invokana, IVIG, Januvia, Janumet, Jardiance (empagliflozin), Juvisync, Juxtapid, Kalbitor, Kalydeco, Kazano, Kombiglyze XR, Kynamro, Linagliptin (Tradjenta), Mepolizumab (Nucala), Miglivstat (Zavesca), Nesina, Ombitasvir, Omnitroupe, Oseni, Paritaprevir, Prolia, Provenge Therapy (Sipuleucel-T), Reslizumab, Rilonacept (Arcalyst), Ritonavir (Technivie), Ruconest (recombinant), Sabril (Vigabatrin), Saprotepin (Kuvan), Saxagliptin (Onglyza), Sofosbuvir, Symlin, Tanzeum (albiglutide), Tecfidera, Trulicity (dulaglutide), Tysabri, Velpatasvir (Epclusa), Victoza, Xeomin, Xgeva, Xiaflex, Xolair |

NOTE: All medications (less than 18 months) are subject to review.