



KERN LEGACY

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HIGH-DEDUCTIBLE EPO HEALTH PLAN

Authorization of Services

As if January 1, 2019, consultations with Select Network specialists do not require a referral.

Follow-up visits with most Select Network specialist, most procedures, and inpatient admission require prior authorization. Services provided without authorization will not be covered by the Plan. There are no retro authorizations.

The following specialties/services do not require an authorization:

- Emergency Room Services
- Urgent Care Services
- Chiropractic Care
- Outpatient Mental Health/Substance Abuse (except IOP)
- OB/GYN

Submitting a Request for Authorization

You can submit an authorization request and check the status of your request electronically through the Provider Portal which can be accessed on this website. You can also fax an Authorization Form to (661) 868-3291. The request must include:

- ICD-10
- CPT
- Supporting clinical documentation

Lack of complete documentation can result in a delay of the review process and denial of your request.

Review Process

Your request will be reviewed for medical necessity and appropriateness, benefit limitation or exclusion, and appropriate direction of care according to the plan's guidelines.

There is no out-of-network benefit on this plan. Any out-of-network request will be redirected to a Select Network contracted provider.

Complete requests will be processed within 5 business days. Requests submitted as Urgent or Emergent for medically necessary reasons will be expedited. You will be notified by fax when the determination of your request is final.