



County of Kern Point of Service (POS) Plan

Procedures Requiring Prior Authorization/Pre-Certification

Prior authorization/pre-certification (or “prior auth”) is a process requiring Plan review, according to established guidelines, before certain services will be approved for coverage. This process helps to prevent members from receiving unnecessary treatments and also limits your healthcare costs. In instances of emergency treatment, some of the below listed services may be covered without first receiving approval from the Plan.

Referral from your Primary Care Physician (PCP) is required¹ for all specialist visits except OB/GYN (for routine services), chiropractic, and mental health specialties. If referral is not obtained for a specialist visit, benefits may be reduced. Prior Authorization is required for the following services and procedures both in-network and out-of-network. Failure to obtain prior authorization may result in denial of the claim.

Specialist Referrals Requiring Prior Authorization

Bariatric surgery	Dental
Cosmetic, plastic, reconstructive surgery	Neurosurgery
Podiatry	Oral surgery
Genetics	Pain management

Services and Procedures Requiring Prior Authorization

Allergy injections	Oral surgery performed at a medical facility or freestanding surgery center	RAST testing
Ambulance (non-emergent)	Organ and tissue transplant	Rehabilitative services:
Cardiac catheterization, angioplasty, stents	Orthodontic treatment subject to specific guidelines	<ul style="list-style-type: none">• cardiac• neurocognitive• occupational• physical• pulmonary• speech
Cosmetic, plastic and reconstructive surgery	Prosthetics and orthotics (over \$250)	Skilled nursing facility admissions
Dental trauma	Radiology services:	Sleep studies
Diabetic equipment (over \$250)	<ul style="list-style-type: none">• angiogram• angioplasty• CT angiography• CT scans• embolization• discogram/myelogram• MRI-MRA• PET• thallium	Stereotactic Radiosurgery (Cyber Knife & Gamma Knife) procedures
Dialysis		TMJ surgery
DME (over \$250)		Varicose vein procedures
Genetic services		In-patient and Intensive Out-Patient (IOP) mental health and chemical dependency
Home health care including infusion services		Neurological/Psychological testing
Hospice		Procedures in an outpatient facility or ambulatory surgery center ²
Hospital in-patient admissions		
Hyperbaric medicine Injectable drugs		
Maternity/obstetrical care after first prenatal visit		

Please note: This prior authorization list is subject to change at any time.

⁽¹⁾ Referral from a Primary Care Physician (PCP) is not required on the Out-of-Area (OOA) plans, but OOA services must be obtained from providers that are part of the Blue Cross/Blue Shield network.

⁽²⁾ Except Colonoscopy, EGD, and Sigmoidoscopy, which do not require prior authorization.