



Authorization of Services

Consultations and routine follow-up office visits with Kern Legacy Share Select specialty providers do not require prior authorization.

Most procedures and inpatient admission require prior authorization. Services provided without authorization will not be covered by the Plan. There are no retro authorizations.

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, https://client.clinixhealthcare.com/kern_legacy/. You can also fax an Authorization Form to (661) 868-3291.

The Authorization Form 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 **KERN LEGACY Share Select** contracted provider.

Prior Authorization time lines:

- Routine Prior Authorization request will be processed within 5 business days
- Urgent Prior Authorization request will be processed within 3 days,
- Emergent Prior Authorization request will be processed within 24 hours.

You will be notified via fax when the determination of your Prior Authorization request is finalized.