KPCO Medicare Auth Grid 2024 - effective 1/1/2024	Updated March 2024
Benefit Category (All PBPs)	KPCO Auth required
Inpatient Hospital Acute	Yes
Bariatric Surgery	Yes
EMU epilepsy monitoring stay	Yes
Gender Affirming (transgender) Surgery	Yes
IONM: neuromonitoring	Yes
Transplant (organ and tissue)	Yes
Inpatient Hospital Psychiatric	Yes
Inpatient Hospital BH	Yes
Partial Hospital BH	Yes
Residential BH treatment	Yes
Skilled Nursing Facility (SNF)	Yes
LTAC, AIR	Yes
Outpatient Diagnostic Radiological Services	Yes, excluding XR and US
Cardiology: stress testing	Yes
Gastroenterology: capsule endoscopy	Yes
Radiology: MRI, CT, PET, SPECT	Yes
Radiology: XR and US	No
ASC Services	Yes
Abortion: therapeutic	Yes
Biofeedback: not related to Behavioral Health	Yes
Gastroenterology: EGD, ERCP, Sigmoid, Colonoscopies	No
Oral Surgery: sugical procedures, including cleft palate	Yes
Pain Management: ESI	Yes
Pain Management: other pain procedures	Yes
Podiatry: surgical auth required	Yes
Sterilization: male or female	(Must Verify Benefit) if they have benefit then No
Transplant (organ and tissue)	Yes
Urology: circumcision not neonate	No
Urology: ECSW Lithotripsy	No
Outpatient X-Ray Services	No
SET for PAD Services (supervised exercise therapy, through Pulmonary Rehab)	No
Emergency Services	No
Urgently Needed Services	No
Worldwide Emergency/Urgent Coverage	No

Primary Care Physician Mo Immunization Clinics No Docupational Therapy Services Physician Specialist Services (unless listed otherwise) HMO: no auth for any contracted physician Office Visit / consult (includes Pediatrics and peds multi-disciplinary) Allergy: testing, injections Biopsies: breast, liver, thyroid Cardiology: echo Cardiology: echo Cardiology: Holter & Event Monitors Cardiology: Pacemaker checks, Programming Dermatology: in-office light therapy Dermatology: photopheresis EMG / ENG / EEG services Hemophilia Center at UCH may be authorized by RN. Hyperbaric Oxygen therapy Infertility: infertility treatments In-Office Injections: allergy shots and related care In-Office Injections: steroid injections Doststerrics: OV, US, NST, related maternity care Dral Surgery: offic visits, Xray Pediatrics: specialty or multi-disciplinary clinics Mo Mental Health Specialty Services No Mental Health Specialty Services Podiatry Surgery Other Health Care Professional Services No Other Health Care Professional Services Other Health Care Professional Services Other Health Care Professional Services No Other Health Care Professional Services Other Health Care Professional Services Other Health Care Professional Services No Other Health Care Professional Services Other Health Care Professional Services Other Health Care Professional Services	Cardiac and Pulmonary Rehabilitation Services	No
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Podiatry Services No Podiatry Surgery Yes Other Health Care Professional Services No	Outpatient SUD treatment (group & individual)	No
Podiatry Surgery Yes Other Health Care Professional Services No	Opioid Treatment therapies	No
Other Health Care Professional Services No	Podiatry Services	No
	Podiatry Surgery	Yes
Acupuncture No	Other Health Care Professional Services	No
	Acupuncture	No

Chiropractic	No
Hospice	No
IONM: neuromonitoring	Yes
Medical Massage	n/a not covered
	Yes
Neuropsychiatric Testing: auth required Wound Care: auth required (For wound care materials NOT	Yes
the wound clinic - as the wound clinic is an OP service that	res
does not require a prior auth)	
Psychiatric Services	No
Pulmonary Rehabilitation Services	No
Additional Telehealth Benefits	No
Opioid Treatment Program Services	Yes, past OV's.
Outpatient Diag Procedures/Tests	Yes, some
Bariatrics: Lap Band procedures require auth (even in-office)	Yes
barratries. Lap barra procedures require auth (even in-office)	les
Obstetric Services: OB ultrasound, NST, etc	No
Lab Services	Yes, some
Laboratory testing: Genetic & Genomic testing	Yes
Laboratory testing NOT on formulary	Yes
Laboratory testing on formulary	No
Chiropractic Services	No
Medicare-covered Observation Services	Yes by 24h (except SJH, GSMC)
Acupuncture	No
Medicare-covered Outpatient Hospital Services	Yes
Infusion Services: blood and blood products	No
Infusion Services: medications	Yes
Hearing Exams	No
Hearing Aids	No
Outpatient Substance Abuse	No
Outpatient Blood Services	No
NonER Ground Ambulance Services	Yes
Air Ambulance Services	Yes
Therapeutic Radiological Services	Yes, nuc med
Chemotherapy in Nuclear Medicine Dept (Lu-177, etc)	Yes
Radiation Oncology (includes GammaKnife, CyberKnife)	Yes
DME	Yes, some
Enteral & Parenteral Therapies	Yes
Prosthetic Devices	Yes
Medical Supplies	Yes
Diabetic Supplies and Services	No

Transportation Services	No
(non-emergent, non-ambulance transport to OV's, etc)	
OTC Items	n/a not covered
Meal Benefit	n/a not covered
Other 1 - DME and medical supplies not covered by Medicare (gradient compression stocking for lymphedema, bed accessories, iontophoresis device for palmar, axillary, and plantar hyperhidrosis, resuscitation bag, and phototherapy for certain conditions)	Yes
Medicare-covered Zero Dollar Preventive Services	No
Colorectal Screening: Cologuard only does require auth	Yes
Annual Physical Exam	No
Other Defined Supplemental Benefits - 14c1: Health Education, 14c4: Fitness Benefit, 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline), and14c21: In-Home Support Services (applicable to some plans)	No
Telehealth / Telemed Services	No
Kidney Disease Education Services	No
Other Medicare-covered Preventive Services: Glaucoma Screening	No
Other Medicare-covered Preventive Services: Diabetes Self- Management Training	No
Other Medicare-covered Preventive Services: Barium Enemas	No
Other Medicare-covered Preventive Services: Digital Rectal Exams	No
Other Medicare-covered Preventive Services: EKG following Welcome Visit	No
Medicare Part B Rx Drugs	Yes
Medicare Part B - Insulin Drugs (Insulin delivered by an insulin pump - not patient administered insulin)	Yes
Medicare Part B Chemotherapy/Radiation Drugs	Yes
Other Medicare Part B Drugs	Yes
Preventive Dental	No
Comprehensive Dental	No
Eye Exams	No
Eyewear (lenses, frames, contacts)	No
Partial Hospitalization	Yes
PT and SP Services	No
Point of Service (POS) / Out-of-Area coverage outside of CO	No

Optional Supplemental Package #1: Step-Up: Eyewear	No
Optional Supplemental Package #1: Step-Up: Hearing Aids	No
Optional Supplemental Package #1: Step-Up:	No
Comprehensive Dental	
Optional Supplemental Package #1: Step-Up: In-Home	No
Support Services (see Section B - 14c Other Defined	
Supplemental Benefits)	
Optional Supplemental Package #2: Step-Up: Transportation	No
Optional Supplemental Package #2: Step-Up: Hearing Aids	No
Optional Supplemental Package #2: Step-Up: In-Home	No
Support Services (see Section B - 14c Other Defined	
Supplemental Benefits)	