

<b>KPCO Commercial Auth Grid 2024 - effective 1/1/2024</b>	<b>Updated March 2024</b>
<b>Benefit Category (All PBPs)</b>	<b>KPCO Auth required</b>
<b>Inpatient Hospital Acute</b>	Yes
Bariatric Surgery	Yes
EMU epilepsy monitoring stay	Yes
Gender Affirming (transgender) Surgery	Yes
IONM: neuromonitoring	Yes
Transplant (organ and tissue)	Yes
<b>Inpatient Hospital Psychiatric</b>	Yes
Inpatient Hospital BH	Yes
Partial Hospital BH	Yes
Residential BH treatment	Yes
<b>Skilled Nursing Facility (SNF)</b>	Yes
LTAC, AIR	Yes
<b>Outpatient Diagnostic Radiological Services</b>	Yes, excluding XR and US
Cardiology: stress testing (Nuclear stress only)	Yes
Gastroenterology: capsule endoscopy	Yes
Radiology: MRI, CT, PET, SPECT	Yes
Radiology: XR and US	No
<b>ASC Services</b>	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
<b>Outpatient X-Ray Services</b>	No
<b>SET for PAD Services</b> (SET =supervised exercise therapy, through Pulmonary Rehab)	No
<b>Emergency Services</b>	No
<b>Urgently Needed Services</b>	No
<b>Worldwide Emergency/Urgent Coverage</b>	No
<b>Cardiac and Pulmonary Rehabilitation Services</b>	No
<b>Home Health Services</b>	Yes
<b>Primary Care Physician</b>	No
Immunization Clinics	No
<b>Intensive Cardiac Rehabilitation Services</b>	No
<b>Occupational Therapy Services</b>	No
<b>Physician Specialist Services (unless listed otherwise)</b>	Yes, some
<b>HMO: no auth for any contracted physician Office Visit / consult (includes Pediatrics and peds multi-disciplinary)</b>	No
Allergy: testing, injections	No
Biopsies: breast, liver, thyroid	No
Cardiology: coronary catheterization	No
Cardiology: echo	No
Cardiology: Holter & Event Monitors	No
Cardiology: ICM (loop recorder)	No
Cardiology: Pacemaker checks, Programming	No

Dermatology: in-office light therapy	No
Dermatology: photopheresis	Yes
EMG / ENG / EEG services	No
Hemophilia Center at UCH may be authorized by RN.	No
Hyperbaric Oxygen therapy	Yes
Infertility: infertility treatments	Yes
In-Office Injections: allergy shots and related care	No
In-Office Injections: hyaluronans, CAMS, COGS, immune suppressives, chemotherapy, all others	Yes
In-Office Injections: steroid injections	No
Obstetrics: OV, US, NST, related maternity care	No
Oral Surgery: offic visits, Xray	No
Pediatrics: specialty or multi-disciplinary clinics	No
Pulmonary Fuction Test	No
Sleep Study: in-home or in-lab	Yes
Sterilization: male (in-office)	(Must Verify Benefit) if they have benefit then No
<b>Mental Health Specialty Services</b>	No
Outpatient SUD treatment (group & individual)	No
Opioid Treatment therapies	No
<b>Podiatry Services</b> (OV, foot & nail care)	No
Podiatry Surgery	Yes
<b>Other Health Care Professional Services</b>	Yes, some
Acupuncture	No
Hospice	No
IONM: neuromonitoring	Yes
Neuropsychiatric Testing: auth required	Yes

Wound Care: auth required (For wound care materials NOT the wound clinic - as the wound clinic is an OP service that does not require a prior auth)	Yes
<b>Psychiatric Services</b>	No
<b>Pulmonary Rehabilitation Services</b>	No
<b>Additional Telehealth Benefits</b>	No
<b>Opioid Treatment Program Services</b>	Yes, past OV's.
<b>Outpatient Diag Procedures/Tests</b>	Yes, some
Bariatrics: Lap Band procedures require auth (even in-office)	Yes
Obstetric Services: OB ultrasound, NST, etc	No
<b>Lab Services</b>	Yes, some
Laboratory testing: Genetic & Genomic testing	Yes
Laboratory testing NOT on formulary	Yes
Laboratory testing on formulary	No
<b>Chiropractic Services</b>	No
<b>Observation Services</b>	Yes by 24h (except SJH, GSMC)
<b>Acupuncture</b>	No
<b>Outpatient Hospital Services</b>	Yes
Infusion Services: blood and blood products	No
Infusion Services: medications	Yes
<b>Hearing Exams</b>	No
<b>Hearing Aids</b>	No
<b>Outpatient Substance Abuse</b>	No
<b>Outpatient Blood Services</b>	No
<b>NonER Ground Ambulance Services</b>	Yes
<b>Air Ambulance Services</b>	Yes
<b>Therapeutic Radiological Services</b>	Yes, nuc med
Chemotherapy in Nuclear Medicine Dept (Lu-177, etc)	Yes

Radiation Oncology (includes GammaKnife, CyberKnife, etc)	Yes
<b>DME</b>	Yes, some
Enteral & Parenteral Therapies	Yes
<b>Prosthetic Devices</b>	Yes
<b>Medical Supplies</b>	Yes
<b>Diabetic Supplies and Services</b>	No
<b>Dialysis Services</b>	No
<b>OTC Items</b>	n/a not covered
<b>Other DME and medical supplies not covered by Medicare</b>	Yes
<b>Zero Dollar Preventive Services</b>	No
Colorectal Screening: Cologuard only does require auth	Yes
<b>Annual Physical Exam</b>	No
<b>Other Defined Supplemental Benefits - 14c1: Health Education, 14c4: Fitness Benefit, 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline), and 14c21: In-Home Support Services</b>	No
Telehealth / Telemed Services	No
<b>Kidney Disease Education Services</b>	No
<b>Other Preventive Services: Glaucoma Screening</b>	No
<b>Other Preventive Services: Diabetes Self-Management Training</b>	No
<b>Other Preventive Services: Barium Enemas</b>	No
<b>(provider-administered) Rx Drugs</b>	Yes
<b>Insulin Drugs</b>	Yes
<b>Chemotherapy/Radiation Drugs</b>	Yes
<b>Other Part B Drugs</b>	Yes
<b>Preventive Dental</b>	n/a not covered
<b>Eye Exams</b>	No
<b>Eyewear (lenses, frames, contacts)</b>	No

<b>Partial Hospitalization</b>	Yes
<b>Physical Therapy and Speech Therapy Services</b>	No
<b>Point of Service (POS)</b>	No
Bronchoscopies	No
Cardioversion Elective	No
Labor & Delivery (Induction)	No