

KPCO Medicare 2025 Notes (reviewed 12.13.24 no changes)	
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 (Nuclear stress only)	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 procedureds, including cleft palate	Yes
Pain Management: ESI	Yes
Pain Management: other pain procedureds	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

Cardiac and Pulmonary Rehabilitation Services	No
Home Health Services	Yes
Primary Care Physician	No
Immunization Clinics	No
Intensive Cardiac Rehabilitation Services	No
Occupational Therapy Services	No
Physician Specialist Services (unless listed otherwise)	Yes, some
HMO: no auth for any contracted physician Office Visit / consult (includes Pediatrics and peds multi-disciplinary)	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
Mental Health Specialty Services	No
Outpatient SUD treatment (group & individual)	No
Opioid Treatment therapies	No
Podiatry Services	No
Podiatry Surgery	Yes
Other Health Care Professional Services	No
Acupuncture	No

Chiropractic	No
Hospice	No
IONM: neuromonitoring	Yes
Medical Massage	n/a not covered
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
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
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

Dialysis Services	No
Transportation Services (non-emergent, non-ambulance transport to OV's, etc)	No
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), and 14c21: 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: Comprehensive Dental	No
Optional Supplemental Package #1: Step-Up: In-Home Support Services (see Section B - 14c Other Defined Supplemental Benefits)	No
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 Support Services (see Section B - 14c Other Defined Supplemental Benefits)	No