

All inpatient stays require authorization

All services provided by non-contracted providers require pre-authorization

SoCO/NoCO (POS 11) - For contracted providers in office specialty services do not require authorization with some exceptions listed below.

Grid Legend:

"Yes" or "Yes" with additional text, indicates service requires pre-

"No" indicates no pre-authorization is necessary.

Services	Denver/Boulder	Southern Colorado	Northern Colorado	Mountain Colorado	Comments
Acute Rehab (inpatient)	Yes	Yes	Yes	Yes	
Allergy Serum	No	No	No	No	
Allergy Treatment & Injections and Doctor Services	Yes, unless performed at St. Joseph, Good	No	No	No	
Ambulance Services	Yes, for non-emergent services	Yes, for non-emergent services	Yes, for non-emergent services	Yes, for non-emergent services	
Anesthesia (Non-Pain management)	Yes, for non KP Providers	No	No	Yes, for non-Network Providers	
Autism (Behavioral Health)	Yes, for non KP Providers	Must go through Beacon Health	Must go through Beacon Health	Must go through Beacon Health	
Autism Treatment	Yes	Yes	Yes	Yes	
Bariatric Surgery	Yes, for non KP Providers	Yes	Yes	Yes	
Biofeedback	Yes	Yes	Yes	Yes	
Blood Services	No	No	No	No	
Biopsies - Breast, Liver & Thyroid	No	No	No	No, for contracted facilities OR Vail Health	All other biopsies or exploration/excisions need pre-authorization
Cardiac Rehab	No	No	No	No, for contracted facilities OR Vail Health	
Cardio - Coronary Cath	No	No	No	Yes, unless performed at Valley View Hospital	
Cardio - ECG	No	No	No	No, for contracted facilities OR Vail Health	
Cardio - Echo	No	No	No	No, for contracted facilities OR Vail Health	
Cardio - Function	No	No	No	No, for contracted facilities OR Vail Health	
Cardio - ICD device	No	No	No	No, for contracted facilities	
Cardio - ICM device	No	No	No	No, for contracted facilities	
Cardiology - Programming Device	No	No	No	No, for contracted facilities	
Cardiology - Stress Test	No	No	No	No, for contracted facilities OR Vail Health	

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Cardiology Consultation	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Cardiology EP	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Cardiovascular Surgery - Peds	Yes	Yes	Yes	Yes	CHCO/RMHC only providers
Chemical Dependency	Yes, for non KP Providers	Must go through Beacon Health	Yes	Must go through Beacon Health	
Child Advocacy Team at CHCO	Yes	Yes	Yes	Yes	
Child Development Unit at CHCO	Yes	Yes	Yes	Yes	
Chiropractic Services	No	No	No	No	
Colorectal Cancer Screening - Cologuard	Yes	Yes	Yes	Yes	
Complementary Medicine Services	N/A	N/A	N/A	N/A	All covered benefits can be accessed by self referral
Concussion Clinic at CHCO	Yes	Yes	Yes	Yes	
Continuous Glucose Monitoring System	Yes	Yes	Yes	Yes	
Dental - Cleft Palate	Yes	No	No	Yes	
Dental Services -Oral and TMJ	Yes, unless performed at St. Joseph or Good Samaritan	No	No	Yes	
Dermatology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Dermatology Light Therapy	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	This does not apply as DME item
Diabetes for Children	Yes	No	No	Yes	Home Health would require an authorization
Dialysis	No	No	No	Yes, for non-contracted facilities.	
DME and Orthotics	Yes	Yes	Yes	Yes	
EMG Services	No	No	No	Yes, for non KP or non MtCO network provider EXCEPT Vail Summit Orthopedics	
Endocrinology	Yes	No	No	Yes, for non KP or non MtCO network provider	
ENG/EEG Services	Yes, unless performed at St. Joseph or Good Samaritan	Yes	Yes	Yes, for non KP or non MtCO network provider. EXCEPT Vail Health for EEG Only	
Enteral / Parenteral Therapy	Yes	Yes	Yes	Yes	
Enuresis Encopresis Clinic	Yes	Yes	Yes	Yes	
Extracorporeal Shock Wave	Yes	Yes	Yes	Yes	
Gait Clinic - Peds	Yes	Yes	Yes	Yes	
Gamma and Cyber Knife	Yes, unless performed at St. Joseph or Good Samaritan	Yes	Yes	Yes, for non KP or non MtCO network provider	
Gastroenterology Eosinophilic Esophagitis Clinic EEC	Yes	Yes	Yes	Yes	

Services	Denver/Boulder	Southern Colorado	Northern Colorado	Mountain Colorado	Comments
Genetics counseling or testing	Yes, unless performed at St. Joseph, Good Samaritan or Informed DNA	Yes	Yes	Yes	
GI Scopes	Yes, unless performed at St. Joseph, Good Samaritan or Skyridge	No (See Comments)	No (See Comments)	No, for contracted facilities OR Vail Health with contracted provider	Exception Capsule Endoscopy (smart pill) requires authorization
Gynecological Services	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Health Education Services	No	No	No	No	
Hearing Aid Exams and Equipment	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Hemophilia Center	Yes	Yes	Yes	Yes	
Holter & Event Monitors	No	No	No	No, for contracted facilities	Excludes Ambulatory BP Monitoring
Home Health Services	Yes, unless performed at Complete Home Health Care, Denver Hospice, Interim, Tru Community Care VNA	Yes, unless performed at Complete Home Health Care, Interim, VNA	Yes, unless performed at Banner Home Care, Banner Home MedSolutions, Interim, VNA	Yes, unless performed at Home Care & Hospice of the Valley	
Hormonal Treatment of prostate cancer	Yes, for non KP Providers	No	No	No	
Hospice	No	No	No	Yes, unless performed at Home Care & Hospice of the Valley	
Hyperbaric Oxygen Therapy	Yes	Yes	Yes	Yes	
Implantable devices	Yes, unless performed at St. Joseph or Good Samaritan	Yes	Yes	Yes	
In Office Medication and Injectables: Growth Hormone, Knee Injections, Asthma Management, e.g. Xolair, CHF Management, e.g. Flolan, Tracleer, Immunization for RSV, e.g. Synagis, Immunosuppressive Management e.g. Humira, Remicade, Enbrel, Tysabri, Orenicia, Actemra, Osteoporosis Treatment, e.g. Reclast, Prolia, Boniva, Xgeva, Zometa, Immune Globulin	Yes, unless performed at St. Joseph or Good Samaritan	Yes	Yes	Yes, for non KP or non MtCO network provider	
In Office Procedures: ENT, Plastic Surgery, Vascular	Yes	Yes	Yes	Yes, for non KP	
In Office Procedures: Any other specialty (For example: MOHs, Ophthalmology, OB/GYN, Oral Surgery, Podiatry)	Yes	No	No	No	
Infertility Services	Yes, unless performed at St. Joseph or Good Samaritan	Yes	Yes	Yes	
Influenza Vaccine	No	No	No	No	

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Infusion Services	Yes, unless performed at St. Joseph, Good Samaritan, Complete Home Health Care, Denver Hospice, Interim, Tru Community Care, VNA	Yes, unless performed at Complete Home Health Care, Interim, VNA	Yes, unless performed at Banner Home Care, Banner Home MedSolutions, Interim	Yes, except for Chemotherapy	This does not apply to chemotherapy
Inpatient Hospital Services and Inpatient Rehabilitation Hospital Services	Yes	Yes	Yes	Yes	
J Codes	Yes, See J Code Tab	Yes, See J Code Tab	Yes, See J Code Tab	Yes, See J Code Tab	
Labor and Delivery (NICU LEVEL AMISSION ONLY)	Yes, for St. Joseph or Good Samaritan	No	No	No	
Laboratory Services	Yes, for non KP Providers	No	No	No, for contracted facilities/providers OR Vail Health	See Genetics Testing
Lap Band Adjustments	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
LTAC (Long Term Acute Care)	Yes	Yes	Yes	Yes	
Medicare Annual Wellness visit	Yes, for non KP Providers	No	No	N/A	
Mental Health Treatment	Yes, for non KP Providers	Must go through Beacon Health	Yes	Must go through Beacon Health	
Metabolic Clinic	Yes	Yes	Yes	Yes	
Nephrology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Neurology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Neuromonitoring	Yes	Yes	Yes	Yes	
Neurosurgery	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Neuropsychological evaluation and testing	Yes	Yes	Yes	Yes	
Observation Bed	Yes	Yes	Yes	Yes	
Office Circumcision Procedure	Yes	Yes	Yes	Yes	
Office Vasectomy	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Ophthalmology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Optical Routine Services for Lenses, Frames, and Contacts	No	No	No	No	
Oral Maxillofacial	Yes	No	No	Yes	
Orthopedics	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Otolaryngology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Outpatient /Ambulatory Surgery Services	Yes, for non KP Providers	Yes	Yes	Yes	
Outpatient Rehabilitation - Aquatic Therapy	Yes	Yes	Yes	Yes	
Outpatient Rehabilitation Hospital Services Outpatient physical, occupational, speech therapy	Yes	No	No	No	

Services	Denver/Boulder	Southern Colorado	Northern Colorado	Mountain Colorado	Comments
Pacemaker Checks	No	No	No	Yes, for non KP or non MtCO network provider	
Pain Management Office Visits	Yes, for non KP Providers	No	No	No	
Pain Management procedures including epidural steroid injections	Yes, for non KP Providers	Yes	Yes	Yes, for non KP or non MtCO network provider	
Photopheresis	Yes	Yes	Yes	Yes	
Podiatry services	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	Procedures performed outside of office setting require authorization
Prenatal Maternity Service by an OB/GYN specialty including ultrasound services	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	MtCO - OK at Vail Health if done by contracted provider
Preventive Services - Adult	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Prostate/ Colorectal cancer screening 18+	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Prosthetics	Yes	Yes	Yes	Yes	
Pulmonary Function Test	No	No	No	Yes, for non KP or non MtCO network provider	MtCO - OK at Vail Health if ordered by contracted provider
Pulmonary Rehabilitation	No	No	No	Yes, for non KP or non MtCO network provider	MtCO - OK at Vail Health if ordered by contracted provider
Radiation/Oncology Therapy	Yes, unless performed at St. Joseph, Good Samaritan or Skyrider	No	No	Yes, for non KP or non MtCO network provider	MtCO - OK at Vail Health if ordered by contracted provider
Radiology Services not including MRI, CT, PET, and Nuclear Medicine	No	No	No	No	Plain Films, Ultrasound, Bone Density, Fluoroscopy, Mammograms
Radiology: MRI (including open and standing), MRA, CT, PET and Nuclear Med Studies	Yes, unless performed at St. Joseph or Good Samaritan, or by Radiology Imaging Associates or Diversified Radiology	Yes, through EviCore	Yes, through EviCore	No, for MtCO Facilities	Excludes Low Dose Lung Cancer Screening
Sleep Study	Yes, for non KP Providers	Yes	Yes	Yes, for non KP or non MtCO network provider	
SNF (Skilled Nursing Facility)	Yes	Yes	Yes	Yes	
Surgical Sterilizations	Yes	Yes	Yes	Yes	
Therapeutic Abortions	Yes	Yes	Yes	Yes	
Transgender Service (Surgical)	Yes	Yes	Yes	Yes	
Transplants (organ and tissue)	Yes	Yes	Yes	Yes	
Travel Immunizations	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Treadmill Testing	No	No	No	No, for contracted facilities/providers	MtCO - OK at Vail Health if ordered by contracted provider
Urology	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Well Child – Routine Services	Yes, for non KP Providers	No	No	Yes, for non KP or non MtCO network provider	
Wound Care	No	No	No	No	