



Prior Authorization - Procedures and Medications

Before you go to the doctor or have services performed, it's important to understand our approval process. There are common treatments and procedures that require approval before you get them. Also known as prior authorization.

Prior authorization requirements and coverage vary by plan. If you need more information, call the number on your ID card.

Please note that some services are covered only if your benefit plan includes a special rider.

What is prior authorization (PA)?

Prior authorization is an approval to get a specific covered treatment or procedure. It's required before you can get certain tests, treatments, medication or supplies. We require prior authorization so we can make sure you're getting the care you need.

How does a prior authorization request work?

Your doctor submits a request based on the recommended treatment. Then, you and your doctor will receive a notice of approval or denial within 14 days. Your request must be approved before you accept treatment or services. If you're not approved, you may be responsible for the entire cost of your care.

How do I look up a medication that requires prior authorization?

Based on your plan type, you can review prescription medications that require prior authorization at:
hap.org/prescription-drug

How can I review services or procedures that require prior authorization?

You can view a summary of the services/procedures that require prior authorization from HAP either at:
hap.org/priorauth

OR

Login at hap.org and select MyCare and then Referrals and Prior Authorizations.

What if my PA request is denied?

If your request is denied, you have the right to know why. Requests can be denied for various reasons. If you need more information, talk to your doctor or call the number on your ID card.

If you have questions about the prior authorization request process or your benefits and coverage, please contact Customer Service.