



## Prior Authorization List Summary

Below is a summary of the services/procedures that require prior authorization from HAP. For details, please see the *Services that Require Prior Authorization List*. Log in at [hap.org](http://hap.org) and select *Procedure Reference Lists* under *Quick Links*.

1. **All inpatient, partial<sup>3</sup> and residential<sup>3</sup> confinements**
  - Surgical and nonsurgical
  - Skilled nursing facility
  - Rehabilitation facility
  - Behavioral Health<sup>3\*</sup>
2. **DME greater than \$1500**
3. **All services (including behavioral health) from non-contracted providers**
4. **All Out of Network Services** (including behavioral health)<sup>3</sup>
5. **Sleep Studies**<sup>1</sup>
6. **Musculoskeletal Procedures**<sup>2</sup>
  - Pain clinic procedures
7. **Procedures that could be considered Cosmetic** including but not limited to:
  - Abdominoplasty
  - Breast reconstruction
  - Rhinoplasty
  - Panniculectomy
8. **High Tech Imaging**<sup>2</sup>
9. **Bariatric services**
10. **Cardiac diagnostic outpatient and inpatient implantable procedures**<sup>2</sup>
11. **Services for TMJ**
12. **Genetic Testing**
13. **Behavioral Health Therapies**<sup>3</sup>
  - Neuropsychological testing
  - Psychological testing
14. **Gender Reaffirmation surgeries or services**
15. **Experimental and Investigational Procedures and Clinical Trials**
16. **Applied Behavioral Analysis (ABA) treatment**
17. **Uvulopalatopharyngoplasty,**
  - including laser-assisted procedures
18. **Chiropractic Services**



## Prior Authorization List Summary

### 19. Medical Injectable and Specialty Medications for the following conditions:

- Cancer
- Osteoporosis
- Osteoarthritis
- Immunodeficiencies (IVIG)
- Hemophilia Factors
- Hereditary Angioedema
- Inborn Errors of Metabolism and Rare Diseases
- Respiratory Syncytial Virus Prevention
- Corticotropins
- Cystic Fibrosis
- Asthma
- Pulmonary Arterial Hypertension
- Alpha-1-antitrypsin deficiency
- Autoimmune Disease
- Multiple Sclerosis

**DISCLAIMER: This list is not all inclusive. Coverage Limitations or Exclusions may exist for certain types of members, providers and places of service. To ensure your service does not require an authorization, log in at [hap.org](http://hap.org) and:**

- **Check the *Procedure References Lists* under *Quick Links* OR**
- **Enter your request in *CareAffiliate* by selecting *Authorizations* from the home page. If the requested service does not require internal review, you will receive a message from our system.**

<sup>1</sup> EviCore (formerly MSI) Provider Portal:

<https://www.evicore.com/provider>

EviCore Provider Phone Number: 1-888-693-3211

<sup>2</sup> EviCore Provider Portal:

<https://www.evicore.com/provider>

EviCore (formerly CCN) Provider Phone Number: 1-888-564-5487

<sup>3</sup> Refer to CBHM Outpatient Authorization list for detailed information (\*non-emergency services)