



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 and select *Procedure Reference Lists* under *Quick Links*.

1. **All inpatient, partial³ and residential³ confinements**
 - Surgical and nonsurgical
 - Skilled nursing facility
 - Rehabilitation facility
 - Inpatient Hospice
 - Behavioral Health³
2. **Durable Medical Equipment (DME) greater than \$1500**
3. **All services**(including behavioral health) **from non-contracted providers**
4. **All Out of Network Services** (including behavioral health)³
5. **Sleep Studies**¹
6. **Musculoskeletal Procedures**²
 - Pain clinic procedures
7. **Procedures that could be considered Cosmetic** including but not limited to:
 - Abdominoplasty
 - Breast reconstruction
 - Rhinoplasty
 - Panniculectomy
 - Vein
8. **High Tech Imaging**²
9. **Bariatric services**
10. **Cardiac diagnostic outpatient and inpatient implantable procedures**²
11. **Services for TMJ**
12. **Genetic Testing**
13. **Ambulance**
 - Non-emergency transportation
14. **Behavioral Health Therapies**³
 - Neuropsychological testing
 - Psychological testing
 - DIOP(Domiciliary Intensive Outpatient)
15. **Gender reassignment surgery**
16. **Experimental and Investigational Procedures and Clinical Trials**
17. All therapies³ related to **Autism Spectrum Disorder** treatments including but not limited to :applied behavioral analysis (ABA), and evidenced-based ST
18. **Uvulopalatopharyngoplasty,**
 - including laser-assisted procedures
19. **Chiropractic Services**
20. **Botox**
 - Headache/migraine diagnoses
21. **Xiaflex**



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22. 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 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.**

¹ EviCore (formerly MSI) Provider Portal:

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

EviCore Provider Phone Number: 1-800-918-8924

² EviCore Provider Portal:

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

EviCore (formerly CCN) Provider Phone Number: 1-800-918-8924

³ Refer to CBHM Outpatient Authorization list for detailed information