

Prior Authorization for Medicaid

Certain treatments and procedures need approval from HAP CareSource before you get them. This is called prior authorization.

This list does not contain every treatment or procedure that requires prior authorization.

It's meant to give you an overview. Requirements and coverage vary by plan type. If you have questions, call Member Services at the number on your ID card.

What is prior authorization?

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

How does a prior authorization request work? Your doctor submits a prior authorization request based on the suggested treatment. Then, you and your doctor will get a notice of approval or denial within 14 days. Your request must be approved before you get treatment or services. If you're not approved, you may have to pay for the entire cost of your care.

What if my request is denied?

If your request is denied, you have the right to know why. It can be for many reasons. You can talk to your doctor or call HAP CareSource Member Services at the number on your ID card.

If you have questions about this process, call Member Services.

See page 2 for a list of common procedures and treatments that require prior authorization.

Procedures and treatments

- Ambulance transportation, nonemergent
- Anesthesia for outpatient dental procedures
- Bariatric surgery
- Breast reconstruction
- Cardiac rehabilitation
- Chiropractic care
- Any service that could be considered cosmetic (eyelid surgery, scar revision, liposuction, breast augmentation, etc.)
- Most Durable Medical Equipment and supplies
- Genetic testing
- Hearing aids
- Infusible/injectable medication therapy
- Inpatient hospitalization
- Inpatient rehabilitation
- Outpatient therapy services (physical therapy, occupational therapy, speech therapy, etc.)
- Pulmonary rehabilitation
- Reduction mammoplasty
- Skilled nursing facility care
- Speech generating devices (includes eye gazing devices)
- Any service provided by a nonaffiliated provider or facility
- Supplies (wound care, oxygen, tube feeding, ostomy, urological, etc.)
- Nonemergent transportation (arranged through HAP Member Services four business days in advance)
- Vein procedures (sclerotherapy, stripping/ ligation, etc.)