



2023 HAP CareSource Prior Authorization List

Prior authorization is how we decide if the health services listed below will be covered by the member's HAP CareSource plan. The provider must get prior authorization **before** the member receives any of these services. The services must be evidence-based and medically necessary for the patient's care. They must also fall within the terms of the health plan. Emergency care does **not** need prior authorization.

If the provider is not part of the HAP CareSource network, the member or the provider must get prior authorization before the member gets **any service**, not just those listed below. The member's care may not be covered if they do not get prior authorization.

Services That Require Prior Authorization

- All Inpatient Care – partial and residential confinements
 - Surgical and nonsurgical
 - Skilled nursing facility
 - Rehabilitation
 - Behavioral health (Refer to CBHM Outpatient Authorization list for detailed information)
- Out of network services (excluding emergency services)
- Pain clinic procedures
- Some durable medical equipment (DME)
- Some miscellaneous or not otherwise classified (NOC) procedures
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Abdominoplasty
 - Blepharoplasty
 - Breast reconstruction
 - Rhinoplasty
 - Panniculectomy
- High-tech imaging
- Cardiac diagnostic outpatient and inpatient implantable procedures; including cardiac catheterization, pacemakers, valve procedures
- All clinical trials
- All unproven, experimental, or investigational items and services
- Applied Behavioral Analysis (ABA) treatment
- Chiropractic services
- Some varicose vein procedures
- Termination of pregnancy
- Transcranial magnetic Stimulation
- Private Duty Nursing (PDN)
- Medical formulas
- Diagnostic labs
- Bariatric services
- Uvulopalatopharyngoplasty (UPPP) surgery
- Genetic testing and gene therapy in some situations



- Sleep studies
- Gender reaffirmation surgeries or services
- Services for temporomandibular joint (TMJ)

Additional Important Information:

- Providers are responsible for verifying eligibility and benefits before providing services.
- Authorization is not a guarantee of payment for services.

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