



2025 Prior Authorization List HAP CareSource Marketplace

Some health care services require your provider to get approval from HAP CareSource before you can get the service. This is called prior authorization. We do this to make sure the care you get is appropriate and necessary. Your provider must get prior authorization for you to receive the services listed below. **Emergency care does not need prior authorization.**

If your provider is **not** part of the HAP CareSource network, you or the provider must get prior authorization or approval before you get **any service**, not just the ones listed below. If you don't do this, you may not get reimbursed. Exceptions include emergency services.

Services must conform to all terms and conditions of your plan including, but not limited to, eligibility, medical necessity, coverage restrictions, and benefit limitations.

Refer to your Evidence of Coverage (EOC) for more information around the prior authorization process. Visit **HAPCareSource.com** to see your EOC.

Services That Require Prior Authorization

- All medical inpatient care including:
 - Acute
 - Skilled nursing facility
 - Inpatient rehabilitation/therapy
 - Long term and respite care
 - Inpatient hospice
- Out of network services (this does not include emergency services)
- Some elective surgeries (outpatient and inpatient)
- Transplant evaluations
- All transplants and services related to transplants:
 - Services related to transplants:
 - Transportation and lodging costs
 - Bone marrow/stem cell donor search fees
- Maternity:
 - Scheduled delivery less than 39 weeks
 - If stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery
- Reconstructive and/or potential cosmetic services, including but not limited to:
 - Rhinoplasty
 - Breast reduction
 - Most limb deformities
 - Cleft lip and palate
- All unproven, experimental or investigational items and services (life-threatening illness exceptions)
- Bariatric/gastric obesity surgery
- Clinical trials
- Some radiation/oncology services
- Some genetic testing and some laboratory services
- Gender dysphoria services including but not limited to gender transition surgeries
- Hyperbaric oxygen therapy

- Non-emergent ground and air transportation. Please note this includes all non-emergent transportation between facilities.
- Sleep studies outside of the home setting
- Applied behavioral analysis (ABA)

Behavioral Health Services

- All inpatient stays
- Residential treatment services
 - Mental health diagnoses
 - Substance use disorder (SUD)
- Partial hospital program services (PHP) - mental health after 5 days per calendar year
- Partial hospital program services (PHP) – substance use disorder (SUD) after 5 days per calendar year
- Intensive outpatient program (IOP) – mental health after 5 days per calendar year
- Intensive outpatient program (IOP) – substance use disorder (SUD) after 5 days per calendar year
- Transcranial magnetic stimulation
- Psychiatric diagnostic evaluation greater than 1 per year

Medical Supplies, Durable Medical Equipment (DME) and Appliances

The following **always** require a prior authorization:

- All custom equipment
- All miscellaneous or unspecified codes (example: E1399)
- Cochlear implants including any replacements
- Cranial remodeling helmets
- Donor milk
- Left ventricular assist device (LVAD)
- Oral appliances for obstructive sleep apnea
- Enteral nutrition and supplies
- Patient transfer systems/Hoyer lifts
- Phototherapy beds (Bili beds)
- Power wheelchair repairs
- Prosthetics/specified orthotics
- Speech generating devices and accessories
- Spinal cord stimulators
- Wheelchairs and some associated accessories
- All rental/lease items, including but not limited to:
 - CPAP/BiPAP
 - NPPV machines
 - Apnea monitors
 - Ventilators
 - Hospital beds
 - Specialty mattresses
 - High frequency chest wall oscillators
 - Cough assist/stimulating device
 - Pneumatic compression devices

- Infusion pumps
- Wound vacs

Home Care Services and Therapies

- No prior authorization required for assessments/evaluations
- Home health aide visits
- Skilled nurse visits
- Social worker visits
- Occupational therapy
- Speech therapy
- Physical therapy

Outpatient Therapies

Prior authorization requirements for habilitative, rehabilitative or a combination of both.

- No prior authorization required for assessments/evaluations
- Occupational therapy visits
- Speech therapy visits
- Physical therapy visits
- Pulmonary rehabilitation therapy

Physical Medicine and Rehabilitation Services

Including day rehabilitation and acute inpatient rehabilitation facility stays

Pain Management

- Epidural steroid injections
- Trigger point injections
- Implantable pain pump
- Implantable spinal cord stimulator
- Facet sacroiliac joint procedures
- Sacroiliac joint fusion
- Facet joint interventions

Radiology

- Advanced imaging including CT, CTA, MRI, MRA, PET Scans
- Phototherapy
- Myocardial perfusion imaging (MPI)
- MUGA scans
- Echocardiography (transthoracic/transesophageal)
- Stress echocardiography
- Nuclear cardiology

Pharmacy Services

- Some covered prescription drugs require prior authorization. This helps ensure drugs are being used safely and correctly based on guidelines for Prescription Drug Benefit coverage. You can see covered drugs through the formulary or our ***Find My Prescriptions*** online search tool. If any of the drugs listed requires approval before use, you will see the following abbreviations:
 - PA (indicating a clinical prior authorization is required for the drug)
 - QL (indicating a quantity or dose limit for the drug)
 - ST (indicating a step therapy requirement for the drug)
- Prescription drugs that are not on the formulary are called non-formulary drugs. These drugs always require a formulary exception review and approval in order to be covered by HAP CareSource. You, your authorized representative or your prescribing physician may request a formulary exception review. Exception reviews determine if the non-formulary drug is clinically appropriate instead of available covered drugs on the formulary.
- You can find both the formulary and the ***Find My Prescriptions*** online search tool at **HAPCareSource.com**.

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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