

June 6, 2023

## Prior Authorization Generally Not Required for Secondary Claims

Dear providers,

Secondary claims are claims for members that have primary insurance through another carrier other than the Health Plan of San Mateo (HPSM). These claims are for costs left over after the primary insurer has processed the claim (e.g., deductibles, copayments, coinsurances).

HPSM generally does not require prior authorization for secondary claims that have been successfully processed and paid for by a member's primary carrier, even for codes that are on HPSM's prior authorization required list. The only exception is when the primary carrier is a non-Medicare payer and HPSM's liability after coordinating benefit is expected to be over \$25,000.

### Summary of PA Requirements for HPSM Secondary Claims\*

Primary Carrier	Secondary Carrier	Prior Authorization Requirement
Medicare	HPSM	None
Non-Medicare	HPSM	Prior authorization is only required for services that meet ALL the following criteria: <ul style="list-style-type: none"> <li>• On HPSM's PA Required List; AND</li> <li>• HPSM's expected liability is &gt; \$25,000</li> </ul>

*\*Only applies to claims that have been successfully processed and paid for by a member's primary carrier.*

Learn more about authorizations in our Provider Manual:

<https://www.hpsm.org/provider/resources/manual/ancillary-services>

Please email Provider Services with any questions regarding this notification at

[PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org).

Thank you for your continued commitment to our community,  
The Health Plan of San Mateo