

August 27, 2024

Prior Authorization Search Tool Now Live

Dear provider,

The Health Plan of San Mateo (HPSM) recently launched a new search tool for our prior authorization list. **With this one-click tool you will get an immediate response as to whether the service you are searching for requires prior authorization:**

<https://www.hpsm.org/provider/authorizations#a1>

Prior Authorizations

Before providing treatment or prescribing medication for an HPSM member, you may need to get prior authorization from HPSM to ensure that the treatment or medication is covered. HPSM expects providers to obtain authorization for services requiring prior authorization before they provide the service (with the exception of urgent and emergency services).

- ④ Use the search tool
- ④ PDF PAR Code Lists
- ④ Prior Authorization Request Forms
- ④ Frequently Asked Questions
- ④ Prior Authorizations 101 video

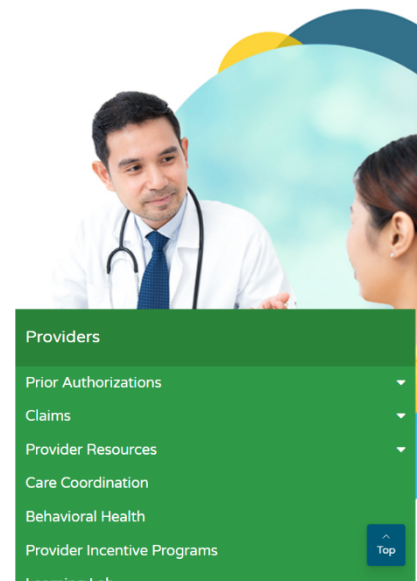
HPSM decides which services need prior authorization based on medical necessity. That is, the requested service must be safe, effective, reasonable and necessary to protect a person's life, keep them from becoming seriously ill or disabled, or alleviate severe pain

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 – learn more.

Use the search tool

This search tool includes all current CPT codes that require prior authorization. If the code you look up appears in the search results, you must complete and submit a [Prior Authorizations Request Form](#). Wait for authorization approval from HPSM before providing the service to the member. Codes are updated quarterly

Enter a keyword, description, or 5-digit service code



Providers can now use the search tool to type in specific CPT codes to determine whether they require prior authorization or not, or what their conditional requirements are.

If no prior authorization is required or if conditional requirements are met, providers can go ahead and deliver the service to the member. If the code **does require** prior authorization, providers must complete and submit a Prior Authorization Request Form: https://www.hpsm.org/docs/default-source/provider-forms/prior_authorization_request_form.pdf

Providers can continue to use the prior authorization list in Excel or PDF form here:
<https://www.hpsm.org/provider/authorizations#a2>

Please direct questions to HPSM Provider Services at PSInquiries@hpsm.org.

Thank you,
The Health Plan of San Mateo