



## Medical and Behavioral Health Level 1 Appeals Update

Effective November 1, 2023, all contracted and non-contracted practitioners and providers have sixty (60) calendar days from either the date of the HAP issued denial letter or claims denial, whichever comes first, unless otherwise indicated in the provider contract. Please see details below.

### Level 1 appeals

- Practitioners and providers have sixty (60) calendar days from either the date of the HAP issued denial letter or claims denial, whichever comes first, unless otherwise indicated in the provider contract.
- All appeals will be processed within 60 days of receipt.
- All cases that do not contain clinical information will be denied. Reconsiderations require providers to file a Level 2 appeal.
- All cases initially denied for no prior authorization will be reviewed and if no authorization is on file, the case will be denied for no prior authorization.

You can find more information on our appeals process in the HAP Billing Manual. Log in at [hap.org](https://hap.org) and select *Billing Manual* under *Quick Links*.