



2025 Prior Authorization List

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)

Some health care services require your provider to get approval from HAP CareSource MI Health Link 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.**

HAP CareSource MI Health Link works with certain doctors and providers to get you care. We call these in-network providers. To have your health care services covered by HAP CareSource MI Health Link, you must go to an in-network provider. If your provider is not part of the HAP CareSource MI Health Link 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 meet the terms and conditions of your plan including, but not limited to, eligibility, medical necessity, coverage restrictions and benefit limitations.

Services That Require Prior Authorization or Approval

- All medical inpatient care including
 - Acute
 - Skilled nursing facility
 - Inpatient rehabilitation/therapy
 - Long term and respite care
 - Inpatient hospice
- All out of network services
- Some elective surgeries (e.g., outpatient and inpatient)
- Transplant services, including but not limited to:
 - Heart
 - Lung
 - Stem-cell
 - Liver
 - Pancreas
- Procedures that could be considered cosmetic, including but not limited to:
 - Abdominoplasty
 - Ear graft/Otoplasty
 - Chemical exfoliation
 - Rhinoplasty
 - Vein
 - Reconstruction mandible/maxilla
- All unproven, experimental or investigational items and services (e.g., life-threatening illness exceptions)
- Bariatric services
- Some genetic testing and laboratory services
- Gender reaffirmation surgeries or services

- Penile prosthesis
- Hyperbaric oxygen therapy
- Some durable medical equipment (DME), including but not limited to:
 - Hospital beds
 - Wheelchairs
 - Shoe inserts
 - Batteries
 - Gradient pressure sleeves/gauntlet/glove
 - Bathroom assistive devices
 - Enteral nutrition and supplies
 - Spinal cord stimulators
 - Pneumatic compression devices
- Cardiac diagnostic and implantable procedures
- Arthroscopies/arthroplasties
- Cochlear implants
- Tumor excision/biopsy
- Services for temporomandibular joint (TMJ)
- Non-emergent ground and air transportation. Please note this includes all non-emergent transportation between facilities.
- Tissue-engineered skin substitutes
- Some vision services
- Some hearing services
- Personal care services
- Community transition services
- Medical injectable and specialty medications for the following conditions, including but not limited to:
 - Cancer
 - Osteoporosis
 - Osteoarthritis
 - Immunodeficiencies (IVIg)
 - Hemophilia factors
 - Hereditary angioedema
 - Inborn errors of metabolism and rare disease
 - Respiratory syncytial virus prevention
 - Corticotropins
 - Cystic fibrosis
 - Asthma
 - Pulmonary arterial hypertension
 - Alpha-1-antitrypsin deficiency
 - Autoimmune disease
 - Multiple sclerosis

Behavioral Health Services

Behavioral Health requests are reviewed through Pre-Paid Inpatient Health Plans (PIHP)

- All inpatient stays
- Partial hospitalization program (PHP) services
- Individual psychotherapy
- Group psychotherapy
- Opioid treatment program (OTP) services

- Substance use disorder (SUD)

Home Care Services and Therapies

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

Outpatient Therapies

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

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

Radiology

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

Additional Important Information:

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

We will work with your provider if you need approval for any of the services listed above. If you have questions or need more information about any of these services, reach out to your provider. You can also call Member Services at **1-833-230-2057 (TTY: 1-833-711-4711 or 711)**.

HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

H9712_MI-MMP-M-3043197a

CMS/MDHHS Approved: 1/6/2024