



2026 Prior Authorization List HAP CareSource™ MI Coordinated Health (HMO D-SNP)

Some health care services require your provider to get approval from HAP CareSource MI Coordinated Health 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 Coordinated Health works with certain doctors and providers to get you care. We call these in-network providers. To have your health care services covered by, you must go to an in-network provider. 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 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
- Non-emergent ground and air transportation. Please note this includes all non-emergent transportation between facilities
- Tissue-Engineered Skin Substitutes
- Select B Drugs
- Diabetic Supplies
- Some vision services
- Some hearing services
- Eyewear
- Hearing Aids
- Personal Care 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 HAP CareSource (MaComb County) and Pre-Paid Inpatient Health Plans (PIHP) (Wayne County)

- All inpatient stays
- Partial hospitalization program (PHP) services
- Individual Psychotherapy
- Group Psychotherapy
- Opioid Treatment Program (OTP) Services
- Select Part B Drugs
- Substance use disorder (SUD)
- Intensive Outpatient Services

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

Dental Services

- Crowns and Posts
- Dentures/Partials
- Gum Care (Periodontics)

- Implant Services
- Surgical Extractions

Pharmacy Services

- The plan has a formulary or Drug List. It tells you which Part D prescription drugs are covered under the Part D benefit of the plan. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list meets Medicare's requirements and has been approved by Medicare. For drugs that are not on the formulary you, your authorized representative, or prescriber can ask us for a formulary exception.
- Some prescription drugs on our formulary have special rules or restrictions like prior authorization (PA), step therapy (ST), or quantity limits (QL). Special rules restrict how and when HAP CareSource covers them. The same team of doctors and pharmacists developed these rules to encourage you and your prescriber to use drugs in the most effective way and are approved by Medicare.
- You can look up drugs on our formulary or by using "Find My Prescriptions" online search tool (links below). We tell you which drugs have restrictions, including:
 - **Prior authorization** (PA) For certain drugs, you or your prescriber need to get approval from the plan before we will agree to cover the drug for you.
 - **Step therapy** (ST) This requirement encourages you to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition and Drug A is less costly, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
 - **Quantity Limits** (QL) For certain drugs, we limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.
- You can find both the formulary and the Find My Prescriptions online search tool at this link: [[CareSource.com/PlanDocuments](https://www.hapcare.com/PlanDocuments)]

Additional Important Information:

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

HAP CareSource MI Coordinated Health is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.



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