2027 CareSource Prior Authorization List
HAP CareSource™ MI Coordinated Health (HMO D-SNP)

Some health care services require your provider to get approval from HAP CareSource before you can get them. This is called prior authorization (PA). We do this to make sure the care you get is right for you and needed. Your provider must get PA for you to get the services listed below. **Emergency care does not need PA.**

HAP CareSource 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, you must go to an in-network provider. If your provider is **not** in the HAP CareSource network, you or the provider must get PA or approval first. This is 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. This is including, but not limited to, eligibility, medical necessity, coverage restrictions, and benefit limitations.

The list is subject to change due to coverage, new codes and state requirements. For the most up-to-date details, please use the HAP CareSource Procedure Lookup Tool.

Procedures and services	CODES
All Medical Inpatient Care – including Acute, Skilled Nursing Facility, Inpatient Rehabilitation/Therapy, Long Term and Respite Care, Inpatient Hospice.	All Inpatient services require PA; applicable inpatient/hospice codes: G0317, S5102, S5120, S5121, S5150, G0317

Some elective surgeries (outpatient and inpatient)	01999, 0207T, 0345T, 0402T, 0419T, 0420T, 0442T, 0474T, 0479T, 0480T, 0481T, 0485T, 0486T, 0512T, 0513T, 0525T, 0526T, 0527T, 0528T, 0529T, 0530T, 0531T, 0532T, 0546T, 0575T, 0576T, 0577T, 0600T, 0601T, 0607T, 0608T, 0614T, 0673T, 0740T, 0741T, 0767T, 0777T, 0783T, 0791T, 0794T, 0810T, 0888T, 0988T, 0990T, 0994T, 0995T, 0999T, 1000T, 1001T, 1015T, 1019T, 11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 14001, 14040, 14041, 15750, 15757, 15778, 15786, 15824, 15825, 15828, 15832, 15833, 15835, 15839, 15853, 15878, 15879, 15999, 17360, 20999, 21010, 21050, 21060, 21073, 21087, 21116, 21146, 21160, 21188, 21196, 21199, 21230, 21235, 21240, 21242, 21243, 21244, 21247, 21248, 21255, 21256, 21267, 21268, 21295, 21296, 21499, 21742, 21743, 21920, 21925, 21930, 21931, 22999, 23065, 23071, 23075, 23929, 24065, 24071, 24075, 24999, 25065, 25071, 25075, 25999, 26111, 26115, 26989, 27323, 27327, 27337, 27458, 27613, 27618, 27632, 27713, 27899, 28899, 29799, 30120, 30140, 30999, 31299, 31591, 31599, 31899, 32999, 33882, 33900, 33901, 33902, 33903, 33904, 33944, 33967, 33990, 33999, 35602, 36299, 36836, 36837, 37262, 37279, 37296, 37297, 37298, 37299, 37501, 37760, 37788, 37790, 37799, 38129, 38243, 38999, 39499, 39599, 40799, 40819, 40899, 41599, 41828, 41874, 42299, 42699, 42999, 43290, 43291, 43497, 43499, 43881, 43882, 43889, 43999, 44720, 44721, 44799, 44899, 45399, 45499, 45999, 46999, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47384, 47399, 47999, 48554, 48999, 49999, 50380, 50549, 51999, 52443, 53400, 53405, 53410, 53430, 53899, 54235, 54360, 54400, 54401, 54405, 54408, 54410, 54416, 54660, 54699, 55175, 55180, 55559, 55877, 55899, 55970, 55980, 56620, 56805, 57295, 58290, 58291, 58578, 58579, 58752, 58940, 58970, 58974, 58976, 58999, 59897, 59898, 59899, 60659, 60699, 64466, 64467, 64468, 64469, 64473, 64474, 64567, 64654, 64655, 64656, 64657, 64658, 64659, 64728, 64856, 64892, 66174, 66999, 67299, 67399,

Procedures and services	CODES
	67599, 67950, 67999, 68371, 68399, 68899, 69300, 69399, 69728, 69729, 69730, 69799, 69949, 69979, C1608, C1734, C1743, C1813, C1824, C1839, C1982, C2622, C2624, C7566, C8005, C8007, C8008, C8009, C8010, C8011, C8012, C8013, C9759, C9764, C9765, C9766, C9767, C9772, C9773, C9774, C9775, C9777, C9785, C9810, C9811, C9816
Reconstructive and/or potential cosmetic services including, but not limited to: • Abdominoplasty • Rhinoplasty • Breast Reduction/Reconstruction • Blepharoplasties • Most limb deformities • Panniculectomy • Procedure for Deviated Nasal Septum • Cleft lip and palate	0544T, 0545T, 11971, 13100, 13101, 13102, 15774, 15782, 15783, 15787, 15792, 15793, 15820, 15821, 15822, 15823, 15830, 15836, 15837, 15847, 17999, 19300, 19316, 19318, 19325, 19328, 19330, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19396, 19499, 21159, 21181, 21182, 21183, 21184, 21198, 21206, 21209, 21210, 21215, 21260, 21261, 21263, 21270, 21275, 21280, 21282, 21740, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30469, 37700, 37718, 37780, 37785, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 96999, Q2026, S2202
All clinical trials	C9758, C9782, C9783, C9792. Note: Including all medical codes submitted with diagnosis code for clinical trials., C9792
All unproven, experimental or investigational items and services	All Unproven, experimental or investigational items and services. Example: S9986
Oral surgery that is dental in origin	21299, G0330
Bariatric/gastric obesity surgery	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, 43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, S2083
Knee/hip replacements, some knee orthoses	See Select Musculoskeletal Services and DME section for additional codes
Arthroscopies/arthroplasties	1003T, 26531

Procedures and services	CODES
Laminectomies/laminotomies	62330, 62331, 62351, 63032, 63047, C9757
Spinal fusions	22899 (unlisted spine procedure; use when applicable to an unlisted spinal fusion)
Laparoscopies	1013T, 1014T, 38589, 43289, 43647, 43648, 43659, 44238, 44979, 47379, 47579, 49329, 49591, 49592, 49593, 49594, 49595, 49596, 49613, 49614, 49615, 49616, 49617, 49618, 49621, 49622, 49623, 49659, 50949, 54690, 55867, 55868, 55869, 57426, 58541, 58542, 58543, 58544, 58550, 58553, 58554, 58572, 58679
UPPP surgery: (Uvulopalatopharyngoplasty)	42299
Coronary artery bypass graft (CABG)	No matching covered PA codes identified.

Genetic testing in some situations	0001U, 0022U, 0027U, 0032U, 0034U, 0036U, 0037U, 0045U, 0048U, 0070U, 0071U, 0072U, 0073U, 0074U, 0075U, 0076U, 0101U, 0102U, 0103U, 0154U, 0155U, 0169U, 0171U, 0172U, 0175U, 0177U, 0179U, 0209U, 0214U, 0215U, 0216U, 0217U, 0218U, 0221U, 0222U, 0231U, 0232U, 0233U, 0234U, 0235U, 0236U, 0237U, 0238U, 0239U, 0242U, 0244U, 0245U, 0250U, 0253U, 0254U, 0268U, 0269U, 0270U, 0271U, 0272U, 0273U, 0274U, 0276U, 0277U, 0278U, 0286U, 0318U, 0326U, 0332U, 0334U, 0335U, 0336U, 0345U, 0364U, 0379U, 0401U, 0411U, 0417U, 0523U, 0530U, 0532U, 0538U, 0539U, 0543U, 0553U, 0554U, 0555U, 0560U, 0561U, 0562U, 0567U, 0576U, 0578U, 0605U, 0613U, 81105, 81106, 81107, 81108, 81109, 81110, 81111, 81112, 81162, 81163, 81164, 81165, 81166, 81167, 81170, 81171, 81172, 81173, 81174, 81175, 81176, 81177, 81178, 81179, 81180, 81181, 81182, 81183, 81184, 81185, 81186, 81187, 81188, 81189, 81190, 81200, 81201, 81202, 81203, 81204, 81205, 81209, 81210, 81212, 81215, 81216, 81217, 81218, 81219, 81220, 81221, 81222, 81223, 81224, 81225, 81226, 81228, 81229, 81231, 81232, 81233, 81234, 81235, 81236, 81237, 81239, 81240, 81241, 81242, 81243, 81244, 81245, 81246, 81247, 81248, 81249, 81250, 81251, 81252, 81253, 81254, 81255, 81256, 81257, 81258, 81259, 81260, 81269, 81270, 81271, 81272, 81273, 81274, 81275, 81276, 81277, 81283, 81284, 81285, 81286, 81288, 81289, 81290, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81302, 81303, 81304, 81305, 81306, 81307, 81308, 81309, 81310, 81311, 81312, 81314, 81317, 81318, 81319, 81320, 81321, 81322, 81323, 81324, 81325, 81326, 81328, 81329, 81330, 81332, 81333, 81334, 81335, 81336, 81337, 81338, 81339, 81343, 81344, 81345, 81346, 81347, 81348, 81349, 81350, 81351, 81352, 81353, 81354, 81355, 81357, 81360, 81401, 81404, 81405, 81406, 81407, 81408, 81410, 81412, 81413, 81414, 81418, 81419, 81420, 81422, 81430, 81432, 81434, 81435,

Procedures and services	CODES
	81437, 81439, 81440, 81441, 81442, 81443, 81445, 81448, 81449, 81450, 81451, 81455, 81456, 81460, 81470, 81471, 81479, 81504, 81518, 81519, 81520, 81522, 81525, 81554, 81558, 81595, 88271, 88272, 88274, 88275, 88299, S3800, S3845, S3846, S3849, S3850, S3853, S3861, S3865, S3866, S3870, 81120, 81121, 81161, 81168, 81191, 81192, 81193, 81194, 81195, 81206, 81207, 81208, 81267, 81268, 81278, 81313, 81315, 81316, 81327, 81331, 81361, 81363, 81411, 81415, 81416, 81417, 81427, 0004M, 0005U, 0006M, 0011M, 0012M, 0013M, 0016M, 0017M, 0018U, 0019M, 0019U, 0023U, 0026U, 0040U, 0047U, 0049U, 0050U, 0055U, 0060U, 0069U, 0079U, 0088U, 0089U, 0090U, 0094U, 0105U, 0111U, 0113U, 0118U, 0120U, 0129U, 0130U, 0133U, 0134U, 0136U, 0137U, 0138U, 0153U, 0156U, 0157U, 0158U, 0159U, 0160U, 0161U, 0162U, 0170U, 0203U, 0205U, 0211U, 0212U, 0213U, 0230U, 0252U, 0258U, 0260U, 0262U, 0264U, 0265U, 0266U, 0267U, 0285U, 0287U, 0288U, 0289U, 0290U, 0291U, 0292U, 0293U, 0294U, 0296U, 0297U, 0298U, 0299U, 0300U, 0306U, 0307U, 0313U, 0314U, 0315U, 0317U, 0327U, 0329U, 0331U, 0333U, 0339U, 0340U, 0341U, 0347U, 0348U, 0350U, 0356U, 0362U, 0363U, 0368U, 0388U, 0389U, 0391U, 0395U, 0398U, 0400U, 0403U, 0405U, 0409U, 0410U, 0413U, 0533U, 0534U, 0537U, 0540U, 0549U, 0565U, 0571U, 0602U, 0611U, 0612U, 0616U, 0617U, 0618U, 0619U, 0620U, 0622U, 0623U, 0624U, 0625U, 0626U, 0627U, 0628U, 0630U, 81230, 81238, 81263, 81279, 81287, 81291, 81364, 81400, 81402, 81403, 81425, 81426, 81431, 81493, 81507, 81521, 81523, 81524, 81529, 81540, 81541, 81542, 81546, 81551, 81552, 88120, 88121, 88245, 88248, 88249, 88261, 88262, 88263, 88264, 88267, 88269, 88273, 88280, 88283, 88285, 88289, S3840, S3841, S3842, S3844, S3852, 0007M, 0046U, 0378U, 0392U, 0414U

Procedures and services	CODES
Some laboratory services	0018M, 0021U, 0062U, 0063U, 0077U, 0080U, 0084U, 0091U, 0110U, 0119U, 0121U, 0122U, 0163U, 0164U, 0165U, 0166U, 0228U, 0243U, 0246U, 0248U, 0249U, 0251U, 0255U, 0257U, 0259U, 0263U, 0275U, 0279U, 0280U, 0281U, 0282U, 0283U, 0284U, 0303U, 0304U, 0305U, 0308U, 0309U, 0310U, 0312U, 0322U, 0337U, 0338U, 0342U, 0343U, 0344U, 0360U, 0377U, 0382U, 0383U, 0385U, 0390U, 0394U, 0399U, 0404U, 0407U, 0412U, 0415U, 0525U, 0536U, 0558U, 0559U, 0566U, 0609U, 0763T, 81261, 81262, 81264, 81265, 81266, 81301, 81340, 81341, 81342, 81362, 81465, 81490, 81500, 81503, 81508, 81509, 81511, 81512, 81535, 81536, 81538, 81539, 81560, 83006, 85999, 88237, G0460, G0480, G0481, G0482, G0483, 0180U, 0181U, 0182U, 0183U, 0184U, 0185U, 0186U, 0187U, 0188U, 0189U, 0190U, 0191U, 0192U, 0193U, 0194U, 0196U, 0197U, 0198U, 0199U, 0200U, 0201U
Hyperbaric oxygen therapy	99183
Sleep studies outside of home setting	No matching covered PA codes identified.
Voluntary sterilizations	52597, 55250, 58600, 58605, 58611, 58615, 58671
Treatments and services associated to temporomandibular or craniomandibular joint disorder and craniomandibular jaw disorder	21299
Maternity: Delivery and inpatient stay if scheduled for less than 39 weeks or if stay exceeds 48 hours for vaginal or 96 hours for cesarean delivery.	N/A
Non-emergency ambulance services	S0215, T2003

Procedures and services	CODES
Some radiation/oncology services	77299, 77399, 77423, 77436, 77437, 77438, 77439, 77499, 77520, 77523, 77525, 77799, 96549, A9699, S8030
Cardiac diagnostic outpatient and inpatient implantable procedures; including cardiac catheterization, pacemakers, valve procedures	0543T, 0613T, 0804T, 0805T, 0806T, 31647, 31648, 31649, 31651, 92921, 92925, 92945, 93569, 93573, 93574, 93575, C9760, 93621
Some miscellaneous or not otherwise classified (NOC) procedures	0232T, 55870, 76948, 90399, 90625, 90749, 90758, 92066, 95199, 96567, 99418, 99429, 99499, A0130, A0999, A4421, A4649, A6519, A9294, A9999, E1399, E1699, G0318, G0465, G0571, L0999, L1499, L2999, L3649, L3999, L5999, L8039, L8698, L8699, P9099, Q4431, Q4432, Q4433, S0317, S0510, S0518, S2409, S3000, S3854, S5165, S5170, S8421, S8424, S8427, S8428, S9150, S9432, T1999, T2004, T5999, V5299
Gender Transition Services/Surgery	11970, 14000, 14020, 14021, 15734, 15736, 15738, 15758, 15769, 15771, 15772, 15773, 15777, 15780, 15781, 15788, 15789, 15829, 15834, 15838, 15877, 19301, 19342, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21193, 21194, 21195, 21208, 21899, 30520, 31574, 40500, 40652, 53420, 53425, 54125, 54406, 54411, 54415, 54417, 54520, 55866, 56625, 56800, 56810, 57107, 57111, 57291, 57292, 57296, 57335, 58150, 58180, 58275, 58280, 58285, 58700, 58720, 64615, 64896, 89258, S4023, S4025, S4026
Termination of Pregnancy	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, 59866, S0199

Procedures and services	CODES
Some Hearing Services	92625, 92626, 92627, 92631, 92632, 92700, V5011, V5014, V5020, V5030, V5040, V5050, V5060, V5100, V5110, V5120, V5130, V5140, V5160, V5200, V5240, V5241, V5242, V5243, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5266, V5267, V5274, V5298
Some Vision services	92065, 92071, 92072, 92310, 92311, 92312, 92313, 92314, 92315, 92316, 92317, 92325, 92326, 95919, S0500, S0512, S0514, S0581, S0592, S0620, S0621, V2199, V2299, V2399, V2499, V2500, V2501, V2502, V2503, V2510, V2511, V2512, V2513, V2520, V2521, V2522, V2523, V2524, V2530, V2531, V2599, V2610, V2615, V2702, V2781, V2799
Medical Formulas	B4152, S9435
Some radiation/oncology services	77299, 77436, 77437, 77438, 77439
Some Varicose Vein procedures	0524T, 36465, 36468, 37722, 37735, 37761, 37765, 37766

Procedures and services	CODES
Diagnostic Labs	0025U, 0030U, 0061U, 0067U, 0106U, 0107U, 0108U, 0109U, 0112U, 0114U, 0116U, 0117U, 0123U, 0195U, 0206U, 0207U, 0219U, 0220U, 0229U, 0247U, 0256U, 0261U, 0295U, 0301U, 0302U, 0311U, 0316U, 0321U, 0323U, 0328U, 0330U, 0351U, 0355U, 0358U, 0365U, 0366U, 0367U, 0371U, 0372U, 0375U, 0376U, 0381U, 0384U, 0387U, 0393U, 0406U, 0408U, 0418U, 0524U, 0527U, 0528U, 0531U, 0535U, 0541U, 0542U, 0545U, 0546U, 0547U, 0548U, 0550U, 0551U, 0563U, 0564U, 0568U, 0570U, 0604U, 0606U, 0607U, 0608U, 0614U, 0615U, 0621U, 0629U, 0751T, 0752T, 0753T, 0754T, 0756T, 0757T, 0758T, 0759T, 0760T, 0761T, 0762T, 0766T, 54240, 81099, 81506, 81510, 81515, 81599, 82664, 82777, 84433, 84999, 86294, 86300, 86316, 86386, 86849, 86999, 87467, 87468, 87469, 87478, 87484, 87520, 87999, 88199, 88230, 88233, 88235, 88239, 88240, 88241, 88369, 88381, 89240, 89250, 89251, 89253, 89254, 89255, 89259, 89268, 89272, 89280, 89281, 89331, 89337, 89343, 89346, 89398, 91299, 93260, 93799, 94799, 95999, G0027, Q0115
Personal Care Services (PCS)	T1019
Urine Drug Testing (UDT)	0603U
Behavioral Health requests are reviewed through HAP CareSource (Macomb County) and Pre-Paid Inpatient Health Plans (PIHP) (Wayne County)	**Codes**
All inpatient services	S5100, S5101
Some Outpatient services	90887, G2082, G2083, H0006, H0007, H0008, H0009, H0022, H0031, H0032, H0034, H2011, H2012, H2013, H2014, H2015, H2019, H2020, H2028, H2029, H2035, H2036, S9475, S9484, S9485, T1002, T1003

Procedures and services	CODES
Substance use disorder (SUD)	H0010, H0011, H0012, H0013, H0014, H0017, H0018, H0019
Partial Hospitalization Program (PHP) services	90833, G0176, G0177, G0410, G0411, H0035, S0201
Intensive Outpatient Program (IOP)	90833, G0176, G0177, G0410, G0411
Applied Behavioral Analysis (ABA)	0362T, 0373T, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
MDHHS Community Health Worker	No matching covered PA codes identified.
Opioid Treatment Program (OTP)	G0532, G0533, G0534, H0020
Durable Medical Equipment (DME)	**Codes**
Wheelchairs and some associated accessories	E0957, E0968, E0983, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1012, E1032, E1033, E1034, E1161, E1233, E2298, E2301, E2327, E2328, E2330, E2398, K0005, K0008, K0010, K0011, K0012, K0013, K0014, K0800, K0806, K0807, K0808, K0812, K0814, K0815, K0816, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0898, K0899, S0209
All custom equipment	A6515, A6516, A6517, A6518, A6523, A6525, A6611, K0900, L0720, L1006, L1007, L1320, L2005, L2006, L3901, L3904, L6039, L6895, L8033, V2623
Insulin infusion device	No matching covered PA codes identified
Continuous Glucose Monitors	Refer to Pharmacy

Procedures and services	CODES
Oral nutrition (for medical purposes) and enteral nutritional therapy	B4152
All rental/lease items including but not limited to: • CPAP/BiPAP • NPPV machines • Apnea Monitors • Ventilators • Hospital beds • Specialty mattresses • High frequency chest wall oscillators • Cough assist/stimulating device • Pneumatic compression devices • Infusion pumps	All rental items require PA (RR modifier). For purchases, refer to the procedure lookup tool for PA requirements. Some examples of common rentals may include: E0265, E0266, E0277, E0296, E0297, E0301, E0302, E0304, E0316, E0328, E0329, E0371, E0372, E0373, E0465, E0675, E0700, E0265
miscellaneous codes (example: E1399)	A4288, A4545, A6524, A6526, A6586, A7021, E0201, E0658, E0659, E1399
Speech Generating Devices and supplies	E2506, E2508, E2510, E2599
Left Ventricular Assist Device (LVAD)	33975, 33991, Q0478, Q0479, Q0480, Q0481, Q0482, Q0483, Q0484, Q0485, Q0486, Q0487, Q0489, Q0490, Q0491, Q0492, Q0493, Q0494, Q0495, Q0496, Q0497, Q0498, Q0500, Q0501, Q0502, Q0503, Q0504, Q0506
Wound Vacs	E2402
All DME Repairs/Replacements exceeding benefit limits	A4555, A4561, A4562, A6512, A9268, A9269, A9280, A9291, A9292, C1832, E0193, E0194, E0247, E0248, E0300, E0490, E0491, E0652, E0667, E0676, E0744, E0766, E0769, E0770, E1355, E1902, K0462, L5703, L7368, Q0499, Q4202, Q4206, Q4212, Q4213, Q4215, Q4311, S5160, S5161, S5162, S8265, S8999, V5268, V5269, V5270

Procedures and services	CODES
Prosthetic/orthotic devices • Orthotics can be replaced within benefit limits. • Additional replacements may be allowed if damage and unable to be repaired or if need driven by rapid growth and members are under 18 years of age. • Excludes repair/replacement due to lost or stolen, misuse, malicious breakage, or gross neglect.	C1789, E1803, E1804, E1807, E1808, E1812, E1813, E1814, E1816, E1818, E1820, E1821, E1822, E1823, E1825, E1826, E1827, E1828, E1829, E1831, E1832, E1841, L0700, L0710, L0859, L0861, L1000, L1005, L1681, L1933, L1952, L2627, L3000, L3001, L3002, L3003, L3010, L3020, L3030, L3031, L5020, L5050, L5060, L5100, L5105, L5150, L5160, L5200, L5210, L5220, L5230, L5250, L5270, L5280, L5312, L5321, L5331, L5341, L5420, L5505, L5530, L5535, L5560, L5570, L5580, L5585, L5590, L5595, L5600, L5610, L5613, L5643, L5649, L5657, L5701, L5702, L5726, L5728, L5814, L5826, L5827, L5828, L5830, L5840, L5856, L5857, L5858, L5859, L5930, L5969, L5973, L5979, L5980, L5981, L5987, L5988, L5990, L5991, L5992, L6028, L6029, L6030, L6031, L6032, L6033, L6034, L6035, L6036, L6037, L6038, L6638, L6647, L6648, L6700, L6715, L6880, L6920, L6925, L6930, L6935, L6940, L6945, L6950, L6955, L6960, L6965, L6970, L6975, L7180, L7181, L7185, L7186, L7190, L7191, L7360, L7362, L7364, L7366, L7367, L7406, L8000, L8001, L8002, L8015, L8020, L8030, L8032, L8600, L2034
Enteral nutrition and supplies	B9998, S9434
Oral appliances for obstructive sleep apnea	No matching covered PA codes identified.
Patient transfer systems/Hoyer lifts	E0636, E0637, E0638, E0641, E0642
Power wheelchair repairs	K0108

Skin and soft tissue substitutes for wounds (Skin Substitutes)	A2001, A2002, A2004, A2005, A2007, A2008, A2009, A2010, A2011, A2012, A2013, A2014, A2015, A2016, A2018, A2019, A2020, A2021, A2022, A2023, A2024, A2025, A2027, A2028, A2029, A2030, A2031, A2032, A2033, A2034, A2035, A2036, A2037, A2038, A2039, A2040, A2041, A2042, A2043, A2045, C9358, C9360, C9363, C9364, G0681, G0682, G0683, G0684, Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4110, Q4111, Q4112, Q4113, Q4114, Q4115, Q4116, Q4117, Q4118, Q4121, Q4122, Q4123, Q4124, Q4125, Q4126, Q4127, Q4128, Q4130, Q4132, Q4133, Q4134, Q4135, Q4136, Q4137, Q4138, Q4139, Q4140, Q4141, Q4142, Q4143, Q4145, Q4146, Q4147, Q4148, Q4149, Q4150, Q4151, Q4152, Q4153, Q4154, Q4155, Q4156, Q4157, Q4158, Q4159, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4168, Q4169, Q4170, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4181, Q4182, Q4183, Q4184, Q4185, Q4186, Q4187, Q4188, Q4189, Q4190, Q4191, Q4192, Q4193, Q4194, Q4195, Q4196, Q4197, Q4198, Q4199, Q4200, Q4201, Q4203, Q4204, Q4205, Q4208, Q4209, Q4211, Q4214, Q4216, Q4217, Q4218, Q4219, Q4220, Q4221, Q4222, Q4225, Q4226, Q4227, Q4229, Q4230, Q4232, Q4233, Q4234, Q4235, Q4236, Q4237, Q4238, Q4239, Q4240, Q4241, Q4242, Q4245, Q4246, Q4247, Q4248, Q4249, Q4250, Q4251, Q4252, Q4253, Q4254, Q4255, Q4256, Q4257, Q4258, Q4259, Q4260, Q4261, Q4262, Q4263, Q4264, Q4265, Q4266, Q4267, Q4268, Q4269, Q4270, Q4271, Q4272, Q4273, Q4274, Q4275, Q4276, Q4278, Q4279, Q4280, Q4281, Q4282, Q4283, Q4284, Q4285, Q4286, Q4287, Q4288, Q4289, Q4290, Q4291, Q4292, Q4293, Q4294, Q4295, Q4296, Q4297, Q4298, Q4299, Q4300, Q4301, Q4302, Q4303, Q4304, Q4305, Q4306, Q4307, Q4308, Q4309, Q4310, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322,

Procedures and services	CODES
	Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, Q4334, Q4335, Q4336, Q4337, Q4338, Q4339, Q4340, Q4341, Q4342, Q4343, Q4344, Q4345, Q4346, Q4347, Q4348, Q4349, Q4350, Q4351, Q4352, Q4353, Q4354, Q4355, Q4356, Q4357, Q4358, Q4359, Q4360, Q4361, Q4362, Q4363, Q4364, Q4365, Q4366, Q4367, Q4381, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, Q4398, Q4399, Q4400, Q4401, Q4402, Q4403, Q4404, Q4405, Q4406, Q4407, Q4408, Q4409, Q4410, Q4411, Q4412, Q4413, Q4414, Q4415, Q4416, Q4417, Q4418, Q4419, Q4420, Q4421, Q4422, Q4423, Q4424, Q4425, Q4426, Q4427, Q4428, Q4429, Q4435, Q4436, Q4437, Q4438, Q4439, Q4440
Some DME (medical supplies)	A2006, A2044, A4295, A4296, A4297, A4479, A4544, A8005, A8006, C1601, E0303, E0466, E0469, L2221
Diabetic Supplies	No matching covered PA codes identified.
Cochlear Implants	92601, 92602, 92603, 92604, L8621, L8622, L8623, L8624
Spinal cord stimulators	63650, 63685, L8679
Home Care Services and Therapies	**Codes**
No prior authorization required for assessments/evaluations	N/A
Home Health aide visits	G0156
Skilled nurse visits	96379, G0299, G0300, S9123, S9124, T1000, T2025, T2038, T2039
Social worker visits	No matching covered PA codes identified.
Occupational Therapy	97039, 97139, 97799, G0152

Procedures and services	CODES
Speech Therapy	92507, 92508
Physical Therapy	95851, G0151
Outpatient Therapies (prior authorization requirements include Habilitative, Rehabilitative, or a combination of both)	**Codes**
No prior authorization required for assessments/evaluations	N/A
Occupational Therapy visits	97039, 97139, 97799, G0152
Speech Therapy visits	92597, 96125
Physical Therapy visits	95851, G0151, 95852
Cognitive Rehabilitation Therapy	H2001
Transplants and Related Services	**Codes**
• Heart • Islet cell transplant • Kidney transplant • Liver transplant • Lung or double lung transplant • Multiviceral transplant • Pancreas transplant • Simultaneous pancreas/kidney • Small bowel transplant • Stem cell/bone marrow transplant (with or without myeloablative therapy) • Transportation & lodging costs • Bone marrow/stem cell donor search fees	0055U, 0087U, 33933, 33935, 33944, 33945, 33975, 33990, 33991, 33999, 81595, L8698, 0018M, 0319U, 0320U, 50360, 50380, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147, 47399, 81560, 32851, 32852, 32853, 32854, 32855, 32856, 48551, 48552, 48554, 48999, 44720, 44721, 44799, 38243, 0544U

Procedures and services	CODES
Pain Management	**Codes**
Epidural steroid injections	62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 64479, 64480, 64483, 64484
Trigger point injections	20552, 20553
Implantable pain pump	62350, 62351, 62360, 62361, 62362, 62368
Implantable spinal cord stimulator	63650, 63685, L8679
Facet sacroiliac joint procedures	0213T, 0214T, 0215T, 0216T, 0217T, 0218T, G0259
Most sacroiliac joint procedures	G0259
Sacroiliac joint fusion	C1737
Chronic Pain Healthcare Services- in addition the OP therapies listed above.	20560, 64450, 64555, 64575, 64585, 64595, 64628, 64629, 64999, 95970, 95971, 95972, C9815, C9817, E0764
Most facet joint interventions	0440T, 0441T, 0552T, 64590
Radiology	**Codes**
Advanced Imaging including CT, CTA, MRI, PET Scans	0651T, 0697T, 0698T, 0710T, 0711T, 0712T, 0713T, 0743T, 0749T, 0750T, 0807T, 0808T, 70471, 70472, 70473, 70553, 73721, 74263, 76496, 76497, 76498, 76499, 76999, 78099, 78199, 78299, 78399, 78599, 78699, 78799, 78999, 93998, C8900, C8901, C8902, C8903, C8905, C8906, C8908, C8909, C8910, C8911, C8912, C8913, C8914, C8918, C8919, C8920, C8931, C8932, C8933, C8934, C8935, C8936, C8937, G0235, S8037, S8042, 0722T, 0724T
Phototherapy	E0694
Myocardial perfusion imaging	0742T
MUGA scans	No matching covered PA codes identified.

Procedures and services	CODES
Echocardiography (transthoracic/transesophageal)	93306
Stress echocardiography	No matching covered PA codes identified.
Nuclear cardiology	0742T, 78499
Cardiac and Musculoskeletal Services	**Codes**
Select Cardiac Services	0483T, 0484T, 0571T, 0572T, 0574T, 0646T, 0793T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0913T, 0914T, 33207, 33208, 33224, 33225, 33228, 33229, 33230, 33231, 33240, 33249, 33263, 33264, 33285, 33418, 33419, 37236, 37238, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 92920, 92924, 92930, 93745, C1605, C7568, C7569, C7570, C7571, C9610, K0606
Select Musculoskeletal Services	0707T, 22860, 22867, 22868, 22869, 22870, 23472, 27130, 27299, 27447, 27570, 27599, 29827, 29999, 62350, 62360, 62361, 62362, 62368, C1737, C1821, 22899
Dental Services	**Codes**
Crowns and Posts	D2753
Dentures/Partials	No matching covered PA codes identified.
Implant services	No matching covered PA codes identified.
Gum Care (periodontics)	41828
Surgical Extractions	No matching covered PA codes identified.

Healthcare-Administered Drugs

Some healthcare-administered drugs covered under the medical benefit require prior authorization. Providers should use the CareSource Procedure Lookup Tool to determine whether prior authorization is required for a specific drug or HCPCS code. Coverage requirements and applicable medical policies or prior authorization criteria can be found on CareSource.com under Provider Policies under Pharmacy.

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 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 provider can ask us for an exception.

Some prescription drugs on our formulary have special rules or limits like prior authorization (PA), step therapy (ST), or quantity limits (QL). These rules restrict how and when HAP CareSource covers them. The same team of doctors and pharmacists developed these rules to encourage you and your provider to use drugs in the most effective way. They are approved by Medicare.

The drug list also contains Medicaid-covered drugs and over-the-counter items as required by state Medicaid.

You can look up drugs on our formulary or by using "Find My Prescriptions" online search tool (link blow). We tell you which drugs have limits, including:

- **Prior Authorization** (PA): For some drugs, you or your provider need to get approval from the plan before we will agree to cover the drug for you.
- **Step therapy** (ST): This rule 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 costs less, 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 some drugs, we limit how much of it 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:
Plan Documents | Michigan – MI Coordinated Health (MICH) | CareSource

HAP CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the HAP CareSource™ MI MI Coordinated Health (HMO D-SNP) Member Handbook.

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