



2024 Prior Authorization List HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)

Some health care services require your provider to get approval from HAP CareSource 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 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 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 Inpatient Care
 - Surgical and nonsurgical
 - Inpatient Hospice
- Out of network services (excluding emergency services)
- 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
- Procedures that could be considered Cosmetic, including but not limited to:
 - Abdominoplasty
 - Ear graft/Otoplasty
 - Chemical exfoliation
 - Rhinoplasty
 - Vein
 - Reconstruction mandible/maxilla
- Cardiac diagnostic and implantable procedures
- Arthroscopies/arthroplasties
- Bariatric services
- 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
- Gender reaffirmation surgeries or services
- Penile Prosthesis
- Tissue-Engineered Skin Substitutes
- Transplant Services, including but not limited to:
 - Heart
 - Lung
 - Stem-Cell
 - Liver
 - Pancreas
- Some genetic testing and laboratory services
- Some vision services
- 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

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 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.

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Accepted.