



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

Prior authorization is how we decide if the health services listed below will be covered by the member's HAP CareSource MI Health Link. The provider must get prior authorization **before** the member receives any of these services. The services must be evidence-based and medically necessary for the patient's care. They must also fall within the terms of the health plan. Emergency care does **not** need prior authorization.

If the provider is not part of the HAP CareSource MI Health Link network, the member or the provider must get prior authorization before the member gets **any service**, not just those listed below. The member's care may not be covered if they do not get prior authorization.

Services That Require Prior Authorization

- 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.

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