



NETWORK Notification

Notice Date: January 1, 2025
To: Michigan MI Health Link Providers
From: HAP CareSource™ MI Health Link (Medicare-Medicaid Plan)
Subject: Prior Authorization Requirement
Effective Date: January 1, 2025

Summary

Effective January 1, 2025, the 2025 prior authorization requirements for HAP CareSource™ MI Health Link plans will take effect. Claims submitted for dates of service on or after January 1, 2025 will not be processed for payment if the prior authorization requirements have not been met.

You can view the updated plan prior authorization requirements by accessing the links below:

- [Michigan Prior Authorization Requirements](#)

Impact

Changes to prior authorization requirements include, but are not limited to:

- Cardiac Rehabilitation
- Pulmonary Rehabilitation
- SET for PAD
- Chiropractic Services
- Physician Specialist Services
- Outpatient X-Ray Services
- Observation Services
- Some Laboratory Services
- Imaging
- General Surgery
- Health Education
- Remote Access Technologies
- Kidney Disease Education Services

New requirements include, but are not limited to:

- Diabetic Supplies
- Restorative Services
- Fitting/Evaluation for hearing aids
- Adaptive Medical Equipment and Supplies
- Adult Day Program

- Assistive Technology Devices
- Assistive Technology Van Lifts and Tie Downs
- Chore Services
- Community Transition Services
- Environmental Modifications
- Expanded Community Living Supports
- Fiscal Intermediary Services

- Home Delivered Meals
- Non-medical Transportation
- Personal Emergency Response System
- Preventative Nursing Services
- Respite – waiver services
- Doula Services

Importance

Providers can check prior authorization requirements at any time by searching CPT or HCPCS codes in the [Procedure Lookup Tool](#).

Questions?

If you have questions, please contact your Provider Engagement Representative or Provider Services at **1-833-230-2159** from Monday through Friday 8 a.m. to 6 p.m. Eastern Time.

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