

Notice Date: **February 3, 2026**
To: **Michigan Medicaid Providers**
From: **HAP CareSource**
Subject: **Prior Authorization Requirement Update**
Effective Date: **March 5, 2026**

Summary

Notification of prior authorization updates, effective March 5, 2026:

Prior authorization updates, including detailed code-level information, can be found in **Addendum A** of this notice.

All nonparticipating providers and requests for inpatient services require prior authorizations. Approval or payment of services can be dependent upon the following, but not limited to:

- Member eligibility
- Members younger than 21 years old
- Medical necessity
- Covered benefits
- Modifiers
- Diagnosis and revenue codes
- Limits and number of visit variances
- Provider contracts
- Provider types
- Correct coding and billing practices

Importance

Providers can check prior authorization requirements at any time by searching CPT or HCPCS codes in the HAP CareSource Procedure Lookup Tool.

Questions?

Please contact Provider Services at **1-833-230-2102**, Monday through Friday, 8 a.m. to 6 p.m., Eastern Time (ET) with any questions.

Addendum A

New codes requiring prior authorization:

A2036, A2037, A2038, A2039, A4288, E0658, E0659, L1007, L5657, L6034, L6035, L6036, L6038, L6039, Q4383, Q4384, Q4385, Q4386, Q4387, Q4388, Q4389, Q4390, Q4391, Q4392, Q4393, Q4394, Q4395, Q4396, Q4397, 0576U, 0577U, 0578U, 0585U.

C7568, C7569, C7570, C7571, 70473, 70472.

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