



NETWORK *Notification*

Notice Date: February 23, 2026
To: HAP CareSource Medicaid Providers
From: HAP CareSource
Subject: Cotiviti Level of Care Review
Effective Date: June 1, 2026

Summary

Consistent with our provider agreements, we are providing a 90-day advanced notice to our participating providers that effective April 1, 2026, and forward HAP CareSource will be implementing a level of care review program on all E&M coding levels to ensure accuracy of coding.

Impact

The review will be conducted by certified nurse review coders and will periodically and randomly review for appropriate level of care coding. If a claim is found to not be supported, it will be paid at the supported level and a rejection code of "CO-150" will appear on the provider remittance advice to acknowledge that the claim was subject to review, and a determination was made that the information received does not support the originally billed service.

Should providers disagree with the determination, they should follow the claims dispute process as outlined in the [Provider Manual](#) and provide all clinical documentation necessary to support the appropriate level of coding. Disputes will be reviewed with additional documentation and a decision made on the claim and communicated to providers without 30 days of receipt.

Importance

HAP CareSource is dedicated to ensuring high quality and affordable health care for all members.

Questions?

Should you have specific questions, please reach out to our Provider Services team at **1-833-230-2102** Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET).

MI-MED-P-5130555