NETWORK *Notification*

Notice Date: October 15, 2025
To: Michigan MMP and Marketplace Providers
From: HAP CareSource
Subject: New Claim Condition Code Requirements
Effective Date: January 15, 2026

Summary
Beginning with claims processed on or after January 15, 2026, HAP CareSource will require a condition code when submitting corrected claims (bill type XX7) and cancellation claims (bill type XX8).

Important Policy Changes
For corrected claims (bill type XX7), include the following condition codes:

D0 (zero) – Use when the from and thru date of the claim is changed.

D1 – Use if one of the above condition codes does not apply and there is a change to the COVERED charges.

D2 – Use when there is a change to the revenue codes, HCPCS code, RUG code or HIPPS code.

D3 – Use for a second or subsequent interim claim by inpatient PPS hospitals only.

D4 – Change in grouper input (ICD-10 diagnosis codes and ICD-10 procedure codes).

D7 – Use when the original claim shows Medicare on the primary payer line and now the adjustment claim shows Medicare on the secondary payer line.

D8 – Use when the original claim shows Medicare on the secondary payer line and now the adjustment claim shows Medicare on the primary payer line.

D9 – Use for adjustments not described in any other condition codes. Remarks are required when using the D9 condition code to make a change.

E0 (zero) – Use when the only change on the claim is a correction to the patient status code.

For cancellation claims (bill type XX8), include the following condition codes:

D5 – Use when cancelling a claim to correct the member ID or provider number.

D6 – Use when cancelling a claim due to duplicate payment, overlap of claims, OIG overpayment, etc.

Questions?
Contact Provider Services Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET):

- MMP: **1-833-230-2159**
- Marketplace: **1-833-230-2101**

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