



Dear Valued Provider Partner,

This letter is to notify our impacted provider partners that in 2024 our remittance advice for qualified Medicare Part A co-insurance, as billed for Medicaid beneficiaries, was processed using Adjustment Code CO96 (NON-COVERED CHARGES) and Remark Code N643 (THE SERVICES BILLED ARE CONSIDERED NOT COVERED OR NON-COVERED IN THE APPLICABLE STATE FEE SCHEDULE). These codes indicate that the claim was billed and processed accordingly, resulting in no payment to the provider.

Thank you for providing services to our members and being a valued provider partner with CareSource.

CareSource Provider Relations.