CareSource PASSE

NETWORK *Notification*

Notice Date: **September 2, 2026**
To: **Arkansas PASSE Providers**
From: **CareSource PASSE**
Subject: **Submission Requirements for Uniform Itemized Bills**

Summary
CareSource PASSE is committed to accurate, efficient claims processing. Accordingly, all **Itemized Bills** must comply with the standards below. Compliance helps avoid processing delays and supports timely claim review.

Submission Requirements

Format
Submit itemized bills in **text-only format** (no images, scans, or handwritten documents). Use **MM/DD/YYYY** for all dates (e.g., 01/15/2026).

Required Information
Include the member's name, claim ID, date-of-service range (from and to dates), and total charges.

Itemized Bill Structure
Present billing details in the following header order: Date; Revenue Code (Rev); CPT Code; Description; Quantity (Qty); and Charges. List revenue codes and CPT codes in separate columns. Charges must reconcile at the claim level and within each revenue code grouping.

Important Notice
Noncompliance may result in processing delays, requests for corrected documentation, or claim denial if discrepancies cannot be resolved. Thank you for your continued cooperation and for helping us maintain efficient claims processing.

Questions?
If you have questions, please contact CareSource PASSE Provider Services at 1-833-230-2100. Hours of availability are 8 a.m. to 5 p.m. Central Time (CT).

Thank you for your partnership and for the care you provide for our members.

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