



NETWORK Notification

Notice Date: October 5, 2026
To: Georgia Medicaid Providers
From: CareSource
Subject: Claims Editing Enhancements
Effective Date: December 4, 2026

Summary

Beginning with claims processed on or after December 4, 2026, CareSource will enhance claims editing to include the following:

- Modifier use
- Multiple Evaluation/Management (E/M) codes billed on the same day
- Urine culture, bacterial
- Glycated hemoglobin/glycated protein
- Daily maximum units of surgical pathology and microscopic examination
- Durable Medical Equipment (DME) replacement

Importance

- Procedures billed with modifier QW (which indicates a Clinical Laboratory Improvement Amendment [CLIA] waived test) and the procedure is not designated as a CLIA waived test on the clinical laboratory fee schedule will be denied as inappropriate use of modifier.
- E/M service appended with modifier 25 (significant and separately identifiable service) that has been billed on the same day as another E/M service in the same code range. The evaluation and management service is payable only if it represents a significant and separately identifiable service.
- Procedure codes 82985 (Glycated Protein), 83036 (Hemoglobin; Glycosylated A1C), 87086 and 87088 (Bacterial Urine Culture) will be denied when billed without a CMS approved diagnosis.
- Excess units of procedure code 88305 (Surgical Pathology Level IV & Microscopic Exam) will be denied if billed with units greater than four and does not have a diagnosis related to chronic atrophic/unspecified gastritis, colorectal conditions or prostate conditions.
- Replacement of DME for prosthetic and orthotic devices billed with modifiers RR (Rental), NU (New Equipment) or UE (Used Equipment) will be denied if it was previously billed within five years by any provider.

Questions?

Contact your Health Partner Engagement Specialist or Provider Services at **1-855-202-1058**, available Monday through Friday from 7 a.m. to 7 p.m. Eastern Time (ET).

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DCH Approved: 10/4/2026