CareSource | NETWORK Notification

Notice Date: September 17, 2026
To: Ohio Next Generation MyCare Providers
From: CareSource® MyCare Ohio (HMO D-SNP)
Subject: T1019 Claims Processing Issue
Effective Date: September 17, 2026

Summary

A claims processing issue involving certain claims submitted with procedure code T1019 may have resulted in claims being denied in error.

Impacted claims are being reviewed. Claims confirmed to have been denied because of this issue will be automatically reprocessed. Any payment due will be issued in accordance with applicable authorization and claims requirements.

No action is required from providers at this time. Please do not resubmit claims with procedure code T1019 unless instructed by the CareSource Provider Relations team.

We apologize for the inconvenience and truly appreciate your patience and partnership as we review and reprocess the impacted claims. Thank you for the care and support you provide to our members.

Questions?

For additional questions, please contact LTSS/Waiver Provider Relations at CareSourceOHLTSSHCBSSupport@CareSource.com or
Call Provider Services at **1-800-488-0134**. We are open Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET).

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