CareSource® | NETWORK Notification

Notice Date:	**March 11, 2026**
To:	**Indiana Marketplace and Medicaid Providers**
From:	**CareSource**
Subject:	**Clinical Laboratory Improvement Amendments Claims Submission Requirements**

Summary

As a reminder, CareSource follows the Centers for Medicare & Medicaid Services (CMS) Medicare Claims Processing Manual guidance for processing laboratory claims to ensure compliance with federal regulations and maintain high-quality standards in health care services.

Claims for laboratory services with procedure codes ranging from 80000-89999, a Place of Service code of 11 (Office), submitted on a CMS-1500 professional claim form or EDI X12 837p (Professional claim EDI specification) will be rejected if the Clinical Laboratory Improvement Amendments (CLIA) number is not present on the claim record.

When billing for office-based laboratory services using the CLIA number, please follow the X12 TR3 Implementation Guide standards for 837 professional claims or National Uniform Claim Committee (NUCC) reference instruction manual.

For 837 professional claims, the value must be submitted in loop 2300, REF02 where REF01 = X4.

For CMS-1500 professional claims, the value must be submitted in Box 23 which is labeled "Prior Authorization Number."

ITEM NUMBER 23

23. PRIOR AUTHORIZATION NUMBER

TITLE: Prior Authorization Number

INSTRUCTIONS: Enter any of the following: prior authorization number, referral number, mammography certification number, or Clinical Laboratory Improvement Amendments (CLIA) number, as assigned by the payer for the current service.

Do not enter hyphens or spaces within the number.

DESCRIPTION: The "Prior Authorization Number" is the payer assigned number authorizing the service(s).

FIELD SPECIFICATION: This field allows for the entry of 29 characters.

EXAMPLE:

23. PRIOR AUTHORIZATION NUMBER
1234567890A

Impact

All laboratory claims submitted under the specified criteria are affected. Providers must ensure that a valid CLIA number is included in their claims to avoid rejection. Claims submitted without this essential information will not be processed, which may lead to delays in reimbursement and impact patient care.

Importance

CLIA are federal regulations designed to guarantee the quality and reliability of laboratory testing performed on human specimens in the United States. A CLIA number serves as a unique identifier that certifies a laboratory's compliance with these standards, assuring both patients and health care providers of the accuracy of test results. By requiring the CLIA number on relevant claims, we aim to uphold regulatory compliance, promote patient safety and ensure the integrity of laboratory services provided to our members.

Questions?

Please contact Provider Services:

For Medicaid, call **1-844-607-2831**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET)/7 a.m. to 7 p.m. Central Time (CT).

For Marketplace, call **1-833-230-2101 (TTY: 711)**, Monday through Friday, 8 a.m. to 6 p.m. ET/7 a.m. to 5 p.m. CT.

IN-Multi-P-4871053; First Use: 2/2/2026   OMPP Approved: 2/2/2026

PARTNER with **PURPOSE**