



NETWORK *Notification*

Notice Date: October 15, 2025
To: Indiana, Kentucky and West Virginia Marketplace Providers
From: CareSource
Subject: New Claim Condition Code Requirements
Effective Date: January 15, 2026

Summary

Beginning with claims processed on or after January 15, 2026, CareSource will require a condition code when submitting corrected claims (bill type XX7) and cancellation claims (bill type XX8).

Important Policy Changes

For corrected claims (bill type XX7), include the following condition codes:

- D0** (zero) – Use when the from and thru date of the claim is changed.
- D1** – Use if one of the above condition codes does not apply and there is a change to the COVERED charges.
- D2** – Use when there is a change to the revenue codes, HCPCS code, RUG code or HIPPS code.
- D3** – Use for a second or subsequent interim claim by inpatient PPS hospitals only.
- D4** – Change in grouper input (ICD-10 diagnosis codes and ICD-10 procedure codes).
- D7** – Use when the original claim shows Medicare on the primary payer line and now the adjustment claim shows Medicare on the secondary payer line.
- D8** – Use when the original claim shows Medicare on the secondary payer line and now the adjustment claim shows Medicare on the primary payer line.
- D9** – Use for adjustments not described in any other condition codes. Remarks are required when using the D9 condition code to make a change.
- E0** (zero) – Use when the only change on the claim is a correction to the patient status code.

For cancellation claims (bill type XX8), include the following condition codes:

- D5** – Use when cancelling a claim to correct the member ID or provider number.
- D6** – Use when cancelling a claim due to duplicate payment, overlap of claims, OIG overpayment, etc.

Questions?

Contact Provider Services at **1-833-230-2101**, Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET).

Multi-EXC-P-4471543