



NETWORK Notification

Notice Date: October 2, 2026
To: Nevada Marketplace Providers
From: CareSource
Subject: Quality Enhancer Program Payment Update

Background

We recognize the outstanding work you're doing to improve your patients' health and quality outcomes every day. The CareSource Quality Enhancer program rewards you for prioritizing high-value services in your practice. For Nevada Marketplace, all in-network providers can receive enhanced reimbursement for submitting CPT II codes on claims for A1c testing.

Summary

CareSource has changed the payment process so enhanced reimbursement will now be included in the normal provider check writes.

The Quality Enhancer program is available to eligible participating CareSource providers who submit A1c claims with a qualifying CPT II code. There are no additional steps to opt-in or enroll. Providers must submit claims per the schedule to receive the enhanced payment. Laboratories are not eligible for enhanced payment. Member must be eligible on the date that services are rendered.

Measure	Qualifying Service CPT Codes	Enhancer Trigger Codes (CPT II)	Reimbursement
Diabetes Blood Sugar Control— A1c with documented results	83036 83037 <i>*Diagnosis of diabetes is required to trigger payment</i>	3044F Most recent A1C <7.0% 3046F Most recent A1C >9.0% 3051F Most recent A1C >7.0% & < 8.0%	\$15.00 up to four times/member/calendar year

In addition to enhanced reimbursement for you, submitting CPT II codes on A1c claims reduces the number of medical record requests your office staff may receive from CareSource. CPT II codes allow CareSource to focus education and outreach efforts on members who may need additional support for diabetes management.

How to Close the Care Gap & Receive Bonus Payments Performing the Recommended HbA1c Test

- Perform the recommended A1C test according to the current clinical guidelines for eligible CareSource members who are 18+ years old who have a diagnosis of diabetes (Type 1 or 2).
- Document the A1C test results in the member's medical record.
- Submit a claim to CareSource with the correct diagnosis and procedure codes. The codes should indicate the patient's diagnosis of diabetes AND the CPT II code for the A1C test.

When you include the result of the lab tests using the appropriate code above, CareSource will be able to identify members who may need additional support from a CareSource Care Manager.

Questions?

If you have questions or issues related to Quality Enhancer program payments, please contact ProviderPerformance@CareSource.com or your Health Partner Engagement Representative.

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