



# NETWORK *Notification*

**Notice Date:** November 8, 2024  
**To:** **All Marketplace Providers**  
**From:** CareSource  
**Subject:** QHP ESRD Notification **Revision**  
**Effective Date:** November 15, 2024

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*This notification is a revision to the [network notification](#) posted on October 22, 2024. Updates are in red font.*

## Summary

Beginning with claims processed on or after November 15, 2024, CareSource Marketplace and D-SNP will implement new claims editing logic for End-Stage Renal Disease (ESRD) Facility Hemodialysis services, to keep in alignment with the Centers for Medicare & Medicaid Services (CMS) payment policies.

## Important Policy Changes

### *Correct Use of Modifiers:*

Hemodialysis claims must be reported with a modifier to indicate the adequacy of the hemodialysis service, otherwise the service will be denied.

**Hemodialysis CPT Code: 90999**

**Required Modifiers for ESRD Hemodialysis: G1-G6**

## Questions?

Please contact Provider Services at the following number with any questions:

- D-SNP Provider Services: **1-833-230-2176**
- Marketplace Provider Services: **1-833-230-2101**

**Multi-EXC-P-3398430**

*Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource*