



# NETWORK Notification

**Notice Date:** August 24, 2022  
**To:** Georgia Medicaid Providers  
**From:** CareSource  
**Subject:** Continuity of Care - Billing Guidance Notification

## Summary:

CareSource Georgia Medicaid Providers, please note the following:

When you are billing claims with place of **service 21**, please ensure that the related hospitalization dates are indicated in **box 18** on the claim.

The image shows a 'HEALTH INSURANCE CLAIM FORM' with various fields for patient and insured information. Fields 14-18 are highlighted in yellow. Field 14 is 'DATE OF CURRENT ILLNESS (Final episode) OR INJURY (Accident) OR PREGNANCY(LMP)'. Field 15 is 'IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE: MM DD YY'. Field 16 is 'DATE'S PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY'. Field 17 is 'NAME OF REFERRING PHYSICIAN OR OTHER SOURCE'. Field 18 is 'HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY'. Field 19 is 'RESERVED FOR LOCAL USE'. Field 20 is 'OUTSIDE LAST? \$ CHARGES'. Field 21 is 'DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM ONE BY LINE)'. Field 22 is 'MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.'. Field 23 is 'PRIOR AUTHORIZATION NUMBER'.

Although this is not a required field, providing this information will ensure that CareSource considers the initial hospitalization dates in continuity of care situations and prevents erroneous denials when CMO changes have occurred during the hospitalization period.

Thank you for your cooperation!