

NETWORK Notification

Notice Date: August 24, 2022

To: Georgia Medicaid Providers

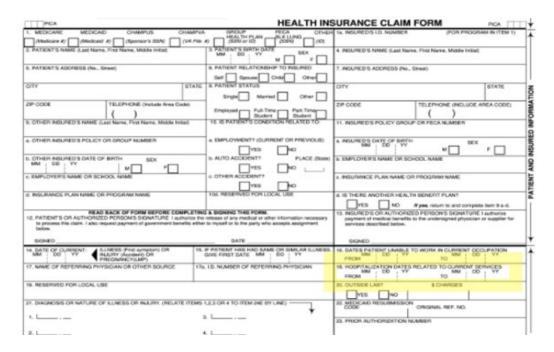
From: CareSource

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.



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!

GA-MED-P-1356351 DCH Approved: 08/22/2022