Notice Date:	**November 21, 2023**
To:	**Georgia Medicaid Providers**
From:	**CareSource**
Subject:	**Dental: Post-Treatment (Retrospective Review) – Process Clarification**
Effective Date:	**January 1, 2024 (Revised Effective Date)**

Summary

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Importance

Any claim for post-treatment review submitted without the required documents will be denied

business

Questions?

1-855-202-1058