LOUISIANA MEDICAID PROGRAM

04/26/16

ISSUED: REPLACED:

CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/26/16	Appendix E	Claims Filing	12	The billing form used by ADHCs was edited to remove 'render/attending' providers or 'individual' provider number language from form as it is not applicable.