LOUISIANA MEDICAID PROGRAM

10/18/12

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
10/18/12	Appendix E	Claims Filing	11	 Changes made to the following: Value Codes and Amounts, Units of Service, Insured's Unique ID, Treatment Authorization Code, and the sample forms were updated (changes on pages 5, 7, 10 and 11)