**REPLACED:** 

## **CHAPTER 29: AMBULATORY SURGICAL CENTERS**

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/10/22	29.1	Covered Services	2	Revisions made to incorporate alphanumeric formatting.
08/10/22	29.3	Reimbursement	2	Revisions made to incorporate alphanumeric formatting.
08/10/22	Appendix B	Claims Filing	12	Revisions made to incorporate alphanumeric formatting.