LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED: 01/18/19

CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
01/18/19	22.1	Covered Services	10	Revisions was made to remove the mammography exclusion.
01/18/19	22.4	Reimbursement	11	Revisions was made to remove mammography services from adjunct services with alternative payment methodology.