LOUISIANA MEDICAID PROGRAM

04/30/14

ISSUED: REPLACED:

CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/30/14	Appendix D	Claims Filing	28	The CMS-1500 claim form was revised to include updated instructions and sample forms effective 4/30/14 for filing claims and adjusting/voiding claims. (changes made on pages 1-12)