## LOUISIANA MEDICAID PROGRAM

06/20/13

## ISSUED: REPLACED:

## CHAPTER 22: FEDERALLY QUALIFIED HEALTH CENTERS

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/20/13		Table of Contents	3	Under "Covered Services" added sub heading "Services Not Covered" Under "Provider Requirements" added sub headings "Services" and "Billing" (changes made on page 1)
06/20/13	22.0	Overview	2	Information added about FQHC's being a non-profit organization and billing under the FQHC's provider number (changes made on page 1)
06/20/13	22.1	Covered Services	10	Provided clarification of responsibility of FQHC covered services Provided examples of other ambulatory services and services not covered (changes made on pages 1, 6-8)
06/20/13	22.2	Provider Requirements	6	Provided additional information about staffing, enrollment criteria, services to be provided, and billing for services (changes made on pages 1-4)
06/20/13	22.4	Reimbursement	9	Provided clarification about reimbursement of services provided as part of a primary care physician's practice and Replaced "Bayou Health" for "Program Operations (changes made on pages 1-4)