#### LOUISIANA MEDICAID PROGRAM

<b>ISSUED:</b>	04/22/16
<b>REPLACED:</b>	

# CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION PAGE(S) 1

# **Revised**/ Number of Issued Section **Section Title Reason for Revision** Page (s) Date Removed reference to case management on page 4 as is no longer exempt from the use of NPI number Provider 10 on all claims submissions. 04/22/16 1.1 Requirements Technical changes for clarity throughout document

#### **REVISION HISTORY LOG**

## LOUISIANA MEDICAID PROGRAM

### CHAPTER 1: GENERAL INFORMATION AND ADMINISTRATION PAGE(S) 1