LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

03/23/17

**CHAPTER 25: HOSPITAL SERVICES** 

PAGES(S) 1

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
03/xx/17	Appendix A	Forms and Links	30	Revision made to form locator 17 on page 8 to reflect acceptable patient discharge status codes adopted by the National Uniform Billing Committee (NUBC) and published in the official UB-04 data specifications manual.

Chapter 25 Hospital Services Revision History Log