## LOUISIANA MEDICAID PROGRAM

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## **CHAPTER 25: HOSPITAL SERVICES**

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/11/18	Appendix A	Forms and Links	2	Removed instructions for completing UB-04 form and examples. Added link to connect to billing instructions on lamedicaid.com.