

**REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
06/12/20		Table of Contents	9	Revisions made to incorporate technical edits.
06/12/20	5.1	Covered Services – Adjunct Services	2	Revisions made to change section title and clarify service criteria.
06/12/20	5.1	Covered Services – ACA Enhanced Reimbursement	5	Section obsolete.
06/12/20	5.1	Covered Services – Acute Hospital Pre Certification	3	Section obsolete.