

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/28/12		Table of Contents	8	Removed references to CommunityCARE program (pages 2, 3) Billing for Consultations (page 3) Supplemental Payments (page 4,7) and Changed EPSDT and KIDMED to EPSDT Screenings (page 4)
09/28/12	5.1	Covered Services – Advanced Practice RN (CNS-CNP-CNM)	2	Remove reference to KIDMED program (change made on page 2)
09/28/12	5.1	Covered Services – Anesthesia	11	Remove reference to CommunityCARE program (change made on page 2)
09/28/12	5.1	Covered Services – Audiology	1	Remove reference to CommunityCARE program (change made on page 1)
09/28/12	5.1	Covered Services – Chiropractic Services	1	Remove reference to KIDMED (change made on page 1)
09/28/12	5.1	Covered Services – CommunityCARE 2.0 Basics for Non-Primary Care Providers	7	Deleted entire section

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09/28/12	5.1	Covered Services – Concurrent Care-Inpatient	2	Clarifying statement added under General guidelines (change made on page 1) and Deleted statement regarding following consultation policy (change made on page 2)
09/28/12	5.1	Covered Services – Consultations	2	Deleted information about consultation in an outpatient setting (changes made on page 1 and 2)
09/28/12	5.1	Covered Services – Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	7	Deleted reference to KIDMED Program and Incorporated EPSDT program requirements (change made on page 1 and added pages 2-7)
09/28/12	5.1	Covered Services – Family Planning Waiver (TAKE CHARGE)	2	Deleted reference to CommunityCARE program (change made on page 1)
09/28/12	5.1	Covered Services – Immunizations	5	Deleted information on supplemental payments (change made on page 3)
09/28/12	5.1	Covered Services – Oral and Maxillofacial Surgery	2	Deleted reference to CommunityCARE program (change made on page 1)

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09/28/12	5.1	Covered Services – Physician Assistants	2	Deleted reference to KIDMED (change made on page 1)
09/28/12	5.1	Covered Services – Public Health Surveillance Mandates	1	Deleted reference to KIDMED (change made on page 1)
09/28/12	5.1	Covered Services – Same-Day Outpatient Visits	2	Deleted reference to KIDMED (change made on page 1)
09/28/12	5.1	Covered Services – Vaccines for Children and LINKS	2	Deleted reference to KIDMED (change made on page 1) and Deleted information about supplemental payments (change made on page 2)
09/28/12	Appendix A	Contact Information	5	Added information about Periodicity Schedule (page 1), Neonatal Screening Results (page 3), and Deleted information about CommunityCARE and KIDMED (change made on page 4)
09/28/12	Appendix E	Claims Filing	8	Removed references to CommunityCARE
09/28/12	Appendix F	Glossary and Acronyms	10	Removed reference to CommunityCARE program and KIDMED program (change made on pages 1 and 3)