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REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/23/18		Table of Contents	5	Updated to reflect revisions made throughout manual chapter.
08/23/18	25.0	Overview	1	Revised to reflect change from Louisiana Department of Health and Hospitals (DHH) to Louisiana Department of Health (LDH).
08/23/18	25.1	Provider Requirements	1	Revised to reflect change from DHH to LDH.
08/23/18	25.2	Inpatient Service	15	Revised section: Pre-Admission Certification Added section: Inpatient versus Outpatient Status Revised section: Distinct Part Psychiatric Units Added section: Deliveries Prior to 39 Weeks Revised section for clarity: Discharge and Readmit on the Same Day Removed section: Direct Transfers Revised section: Rehabilitation Units in Acute Care Hospitals

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Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/23/18	25.2	Inpatient Services (cont'd)	14	Replaced references from ICD-9 to ICD-10 diagnosis codes. Technical edits throughout the document
				Removed all references to pre- admission and pre-certification.
08/23/18	25.3	Outpatient Services	20	Revised to reflect change from DHH to LDH. Added section: Proton Beam Therapy Added section: Long-Acting Reversible Contraceptives in Outpatient Hospital Setting Revised section: Outpatient Rehabilitation Services (Updated codes) Revised section: Outpatient Surgery Revised section: Observation Room Charges Added section: Psychiatric and Substance Abuse Added section: Screening Mammography Added section: Diabetes Self-Management Training Removed references to BayouHealth and replaced with general language. Technical edits throughout the document

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08/23/18	25.5	Reserved	1	Revised to obsolete entire section per LAC 50:v.301 on pre-admission certification (Renamed "RESERVED").
08/23/18	25.6	Prior Authorization	17	Revised to reflect change from DHH to LDH. Revised section: Outpatient Rehabilitation Services (Updated HCPC codes) Revised section: Observation Room Charges Added section: Positron Emission Tomography (PET) Scans
08/23/18	25.7	Reimbursement	24	Removed outdated historical information. Revised section: Specialty Hospitals (added rehabilitation hospitals) Revised section: Qualifications for Well Baby Rate Revised section: Outpatient Hospitals Updated section: In-State Non-Small Rural Private Hospital Outpatient Services (chart updated)
08/23/18	25.8	Claims Related Information	8	Revised section: Provider Preventable Conditions (PPC) (removed information and added link) Updated PPC diagnosis codes.

LOUISIANA MEDICAID PROGRAM

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Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/23/18	Appendix A	Forms and Links	1	Updated and added links. Removed Short Cervix Information Guide.
08/23/18	Appendix B	Contact/Referral Information	4	Updated contact/referral information.