LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

CHAPTER 2: BEHAVIORAL HEALTH SERVICES

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/06/22	2.3	Outpatient Services – Outpatient Therapy by Licensed Practitioners	8	Revisions made to revise Telehealth criteria.