LOUISIANA MEDICAID PROGRAM

ISSUED: 02/28/23 REPLACED: 01/27/23

## CHAPTER 18: DURABLE MEDICAL EQUIPMENTSECTION 18.2: SPECIFIC COVERAGE CRITERIAPAGE(S) 1

## **18.2.4** Artificial Larynxes

An artificial larynx is approved only if the larynx is removed and the beneficiary is unable to use an esophageal voice. Repairs and batteries are included.