## LOUISIANA MEDICAID PROGRAM

## ISSUED: REPLACED:

## CHAPTER 18: DURABLE MEDICAL EQUIPMENT

## **REVISION HISTORY LOG**

| Revised/Is sued Date | Section | Section Title  | Number<br>of Page (s) | <b>Reason for Revision</b>                                  |
|----------------------|---------|--|-----------------------|---|
| 01/09/24             | 18.2.12 | Specific Coverage<br>Criteria – Total<br>Parenteral<br>Nutrition (TPN) | 1                     | Technical edits made to correct misspelled word in section. |