LOUISIANA MEDICAID PROGRAM

02/04/15

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

| Revised/ Issued Date | Section | Section Title | Number of Page (s) | Reason for Revision |
|----------------------------|------------|---------------|-----------------------|---|
| 02/04/15 | Appendix B | Claims Filing | 13 | Revised first paragraph on page 1 to replace 'waiver' to 'DME'' to correctly reference "DME services" |
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