## LOUISIANA MEDICAID PROGRAM

04/19/17

## ISSUED: REPLACED:

## CHAPTER 18: DURABLE MEDICAL EQUIPMENT

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/19/17	Appendix B	Claims Filing	14	Updated billing instructions to correlate with most recent version for CMS 1500 (02/12) instructions for DME services.