## LOUISIANA MEDICAID PROGRAM

## ISSUED: REPLACED:

## CHAPTER 18: DURABLE MEDICAL EQUIPMENT

## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
04/30/14		Table of Contents	6	Revised to reflect the changes to Appendices B and C
04/30/14	18.6	Claims Related Information	2	Removed reference to Appendix C on page 1.
04/30/14	Appendix B	Claims Filing	13	Renamed section and revised the CMS- 1500 claim form. This section was replaced to include updated instructions and sample forms effective 4/30/14 for filing claims and adjusting/voiding claims.
04/30/14	Appendix C	Reserved	1	Removed content for Form 213 and reserved the section for future use.