LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

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REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
05/25/16	18.2	Specific Coverage Criteria	61	Addition of language to expand coverage of cochlear implants to include bilateral implants. (Pages 14-16)
05/25/16	Appendix F	Covered Services/Codes	1	Replaced content with link to online fee schedule