LOUISIANA MEDICAID PROGRAM

REPLACED:

ISSUED:

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
07/12/17	Appendix D	Incontinence Prescription Request Form	1	Technical edits to address billing changes regarding ICD-9 and ICD-10 implementation requirements