## LOUISIANA MEDICAID PROGRAM

10/25/21

## ISSUED: REPLACED:

## CHAPTER 18: DURABLE MEDICAL EQUIPMENT

## **REVISION HISTORY LOG**

Revised/Is sued Date	Section	Section Title	Number of Page (s)	Reason for Revision
10/25/21	18.2	Specific Coverage Criteria	71	Revisions made to update cochlear implant criteria.