LOUISIANA MEDICAID PROGRAM

12/16/21

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/Is sued Date	Section	Section Title	Number of Page (s)	Reason for Revision
12/16/21	Appendix B	Claims Filing	6	Revisions made remove forms/instructions and replace with link to electronic forms/instructions.
12/16/21	Appendix D	Request Form for Disposable Incontinence Products	1	Revisions made remove forms/instructions and replace with link to electronic forms/instructions.
12/16/21	Appendix E	Contact/Referral Information	4	Revisions made to correct "LHH" to "LDH" spelling error.