LOUISIANA MEDICAID PROGRAM

12/16/22

ISSUED: REPLACED:

CHAPTER 18: DURABLE MEDICAL EQUIPMENT

REVISION HISTORY LOG

Revised/Is sued Date	Section	Section Title	Number of Page (s)	Reason for Revision
12/16/22		Table of Contents	6	Added 'Donor Human Milk' to Specific Coverage Criteria
12/16/22	18.2	Specific Coverage Criteria – Donor Human Milk	74	Revisions have been made to adopt provisions governing coverage of donor human milk as an outpatient service for use by medically vulnerable infants.