#### LOUISIANA MEDICAID PROGRAM

09/07/23

**REPLACED:** 

**ISSUED:** 

#### CHAPTER 20: EPSDT HEALTH AND IDEA-RELATED SERVICES

# **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	<b>Reason for Revision</b>
09/07/23	20.0	Overview	2	Revisions made to incorporate alphanumeric formatting.
09/07/23	20.1	Covered Services	15	Revisions made to incorporate alphanumeric formatting.
09/07/23	20.2	Eligibility Criteria	1	Revisions made to incorporate alphanumeric formatting.
09/07/23	20.3	Provider Requirements	4	Revisions made to incorporate alphanumeric formatting.

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# **CHAPTER 20: EPSDT HEALTH AND IDEA-RELATED SERVICES**

09/07/23	20.4	Program Requirements	2	Revisions made to incorporate alphanumeric formatting.
09/07/23	20.5	Record Keeping	3	Revisions made to incorporate alphanumeric formatting.
09/07/23	20.6	Reimbursement	4	Revisions made to incorporate alphanumeric formatting.
09/07/23	Appendix A	Procedure Codes	2	Revisions made to incorporate alphanumeric formatting.
09/07/23	Appendix B	Definitions/Acron yms	5	Revisions made to incorporate alphanumeric formatting.

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# CHAPTER 20: EPSDT HEALTH AND IDEA-RELATED SERVICES

09/07/23	Appendix C	Claims Filing	26	Revisions made to incorporate alphanumeric formatting.
09/07/23	Appendix E	Contact/Referral Information	5	Revisions made to incorporate alphanumeric formatting.