LOUISIANA MEDICAID PROGRAM

CHAPTER 46: VISION (EYEWEAR) SERVICES

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/08/22	46.0	Overview	1	Revisions made to incorporate alphanumeric formatting.
09/08/22	46.1	Covered Services	4	Revisions made to incorporate alphanumeric formatting.
09/08/22	46.2	Beneficiary Requirements	2	Revisions made to incorporate alphanumeric formatting.
09/08/22	46.4	Prior Authorization	3	Revisions made to incorporate alphanumeric formatting.
09/08/22	46.5	Reimbursement	3	Revisions made to incorporate alphanumeric formatting.

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09/08/22	46.6	Record Keeping	1	Revisions made to incorporate alphanumeric formatting.
09/08/22	Appendix A	Fee Schedule	1	Revisions made to incorporate alphanumeric formatting.
09/08/22	Appendix B	Prior Authorization Form	1	Revisions made to incorporate alphanumeric formatting.
09/08/22	Appendix C	Claims Filing	13	Revisions made to incorporate alphanumeric formatting.