LOUISIANA MEDICAID PROGRAM

CHAPTER 46: VISION (EYE-WEAR) SERVICES

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/19/13		Table of Contents	2	Renamed Appendix B: PA-01 Form to Appendix B: Prior Authorization Form on page 2.
09/19/13	46.2	Recipient Requirements	2	Removed reference to the CommunityCARE Program on page 1
09/19/13	Appendix A	Fee Schedule	4	Updated fee schedule to reflect the fees effective July 1, 2012.
09/19/13	Appendix B	Prior Authorization Form	1	Renamed Appendix B: PA-01 Form to Appendix B: Prior Authorization Form.