LOUISIANA MEDICAID PROGRAM

01/22/21

PAGE(S) 1

CHAPTER 5: PROFESSIONAL SERVICES

REVISION HISTORY LOG

| Revised/ Issued Date | Section | Section Title | Number of Page(s) | Reason for Revision |
|----------------------------|---------|--|----------------------|---|
| 01/22/21 | 5.1 | Covered Services – Laboratory and Radiology Services | 3 | Revision made to update service criteria. |