LOUISIANA MEDICAID PROGRAM

**ISSUED: REPLACED:** 

07/13/22

**CHAPTER 5: PROFESSIONAL SERVICES** 

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## **REVISION HISTORY LOG**

Revised/Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
07/13/22	5.1	Covered Services – Immunizations	3	Revisions made to update entire immunizations criteria.

Chapter 5 Professional Services Revision History Log