LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

08/04/20

CHAPTER 5: PROFESSIONAL SERVICES

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REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
08/04/20	5.1	Genetic Testing	4	Revisions made to update service criteria for breast and ovarian cancer and to combine genetic testing for breast and ovarian cancer, Lynch syndrome and familial adenomatous polyposis (FAP) into one section area.

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