LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

08/26/19

CHAPTER 5: PROFESSIONAL SERVICES

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REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Numbe r of Page (s)	Reason for Revision
08/26/19	5.1	Covered Services Laboratory and Radiology	5	Revisions made to section to clarify and update CLIA certification number requirements.

Chapter 5 Professional Services

Revision History Log