#### LOUISIANA MEDICAID PROGRAM

09/22/21

**REPLACED:** 

**ISSUED:** 

## CHAPTER 20: EPSDT HEALTH AND IDEA-RELATED SERVICES

# **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page (s)	<b>Reason for Revision</b>
09/22/21	20.0	Overview	2	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/22/21	20.1	Covered Services	15	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance and to update formatting for consistency.
09/22/21	20.2	Eligibility Criteria	1	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/22/21	20.3	Provider Requirements	4	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance and to update the criteria for Local Education Agency Responsibilities.
09/22/21	20.4	Program Requirements	2	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance and to update formatting for consistency.

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09/22/21	20.5	Record Keeping	3	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance and to update formatting for consistency.
09/22/21	20.6	Reimbursement	4	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance and to update cost reporting criteria.
09/22/21	Appendix B	Definitions/ Acronyms	5	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/22/21	Appendix C	Claims Filing	26	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.