## LOUISIANA MEDICAID PROGRAM

## ISSUED: REPLACED:

01/23/21

## **CHAPTER 17: END STAGE RENAL DISEASE**

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## **REVISION HISTORY LOG**

Revised/ Issued Date	Section	Section Title	Number of Page(s)	Reason for Revision
01/23/21	17.1	Covered Services	6	Revision made to update laboratory services.
01/23/21	Appendix A	Contact Information	1	Revisions made to incorporate technical edits.