LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

05/26/22

CHAPTER 17: END STAGE RENAL DISEASE

PAGE(S) 1

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page(s)	Reason for Revision
05/26/22	17.0	Overview	1	Revisions made to incorporate alphanumeric formatting.
05/26/22	17.1	Covered Services	6	Revisions made to incorporate alphanumeric formatting.
05/26/22	17.3	Reimbursement	2	Revisions made to incorporate alphanumeric formatting.
05/26/22	Appendix B	Claims Filing	1	Revisions made to incorporate alphanumeric formatting.