## LOUISIANA MEDICAID PROGRAM

09/22/21

## **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
09/20/21		Table of Contents	1	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/20/21	17.0	Overview	1	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/20/21	17.1	Covered Services	7	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/20/21	17.2	Provider Requirements	1	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/20/21	17.3	Reimbursement	2	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.
09/20/21	Appendix B	Claims Filing	1	Revisions made to update the usage of "recipient" to "beneficiary" per CMS guidance.