LOUISIANA MEDICAID PROGRAM

ISSUED: REPLACED:

CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

REVISION HISTORY LOG

Revised/ Issued Date	Section	Section Title	Number of Page (s)	Reason for Revision
09/28/15		Title Page	1	Disclaimer statement added regarding implementation of ICD-10.
09/28/15	Appendix E	Claims Filing	13	Information added regarding billing requirements effective 10/1/15 due to implementation of ICD-10.