



# **COMMUNITY CHOICES WAIVER PROVIDER MANUAL**

*Chapter Seven of the Medicaid Services Manual*

**Issued July 1, 2013**

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana  
Bureau of Health Services Financing**