



PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) PROVIDER MANUAL

Chapter thirty-five of the Medicaid Services Manual

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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**