



**ATTENTION ALL PROVIDERS  
INCORRECT USE OF ICD-9/ICD-10 CODES AND QUALIFIERS  
WILL RESULT IN CLAIM DENIALS**

During post-monitoring of the implementation of ICD-10 coding for Louisiana Medicaid Fee-for-Service claims, we have discovered that a number of providers are continuing to bill claims using the correct ICD-10 diagnosis code qualifiers but placing ICD-9 codes in the diagnosis fields. During this 'grace' period, these claims have continued to pay even though the coding is incorrect. Effective with processing date June 1, 2016, claims that are not billed with correct ICD codes to match the qualifiers provided will be denied. Edits 151 (Claim Contains Mixed ICD Code Sets) and 152 (Invalid ICD Code Set for Claim Dates of Service) will be used to deny these claims.

It is imperative that providers work with their systems vendor and internal staff to ensure that correct diagnosis codes and diagnosis code qualifiers are used in the appropriate positions on claims to prevent unnecessary claim denials.