



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

Louisiana Medicaid will be completing the final transition from the ICD-9 Crosswalk to the ICD-10 Code set with date of processing September 4, 2018 forward. Once implemented, ICD-9 codes will no longer be accepted on claims with dates of service 10/1/2015 and after. Below are common provider errors identified during testing that will result in future claim denials.

- Invalid ICD-10 codes
- Header codes sent as ICD-10 codes are non-payable
- ICD-9 codes in ICD-10 fields

Effective September 4<sup>th</sup>, 2018, Medicaid will implement edits requiring a valid ICD-10 diagnosis code to be reported in the principal diagnosis field. Claims submitted without a valid principal diagnosis code will be denied. The edits will include:

- 433 – Missing/Invalid Diagnosis
- 131 – Primary Diagnosis Not on File
- 132 – Secondary Diagnosis Not on File
- 151 – Mixed ICD Code Sets
- 152 – Invalid ICD Code on Date of Service

When determining diagnoses, please ensure the diagnosis is applicable for the age and gender of the patient on the billed claim. The age and gender restrictions on the ICD-10 code set are from CMS guidelines and are tighter than currently in the system for the ICD-9 code set.