This document provides information that will enable long term care (LTC) providers to prevent and resolve

claims that suspend for claim conflict. MassHealth has compiled this reference to illustrate the reason behind the

issue (suspense reason/edit code), the resulting action performed by the system (system resolution), actions that

providers can take to prevent a claim from suspending, and corrective actions to take to resolve a suspended

claim (provider action). This document also includes MassHealth resources to help you find the reference,

policy, and information needed online to both prevent and resolve suspended claims.

Edit 5009 (Conflict-Long Term Care vs. Crossover A)

Suspense Reason

The claim suspends because a paid Medicare A Crossover claim is on file in claims history that has a possible

conflict with the claim that is being submitted by the provider. The claim is suspended until the claim can be

manually reviewed by a claims reviewer.

System Resolution

The claim will receive a final status after the reviewer makes a decision based on the submitted claim versus

the claims history. The reviewer confirms that there is no duplicate or claims conflict before the claim can be

adjudicated.

Provider Action

There is no action that the provider needs to take while the claim is in suspense for these edits. The claim will

be adjudicated to paid or denied, based on research by the claims reviewer, and will show up on a subsequent

remittance advice (RA).

Edit 5003 (Conflict-Inpatient vs. LTC)

Suspense Reason

The claim suspends because a paid hospital inpatient claim is on file in claims history that has a possible

conflict with the claim that is being submitted by the provider. The claim is suspended until the claim can be

manually reviewed by a claims reviewer.

System Resolution

The claim will receive a final status after the reviewer makes a decision based on the submitted claim versus

the claims history. The reviewer confirms there is no duplicate or claims conflict before the claim can be

adjudicated.

Provider Action

There is no action that the provider needs to take while the claim is in suspense for these edits. The claim will

be adjudicated to paid or denied based on research by the claims reviewer and will show up on a subsequent

RA.

Edit 5093 (Conflict-Home Health vs. LTC)

Suspense Reason

The claim suspends because a paid home health claim is on file in claims history that has a possible conflict

with the claim that is being submitted by the provider. The claim is suspended until the claim can be manually

reviewed by a claims reviewer.

System Resolution

The claim will receive a final status after the reviewer makes a decision based on the submitted claim versus

the claims history. The reviewer confirms there is no duplicate or claims conflict before the claim can be

adjudicated.

Provider Action

There is no action that the provider needs to take while the claim is in suspense for these edits. The claim will

be adjudicated to paid or denied based on research by the claims reviewer and will show up on a subsequent

RA.

General MassHealth Resources

1. Confirm MassHealth requirements in your provider manual. From the POSC, click on the Provider Manuals

link in the Publications panel on the right of the screen. MassHealth provider manuals can also be accessed

from the Provider Library at www.mass.gov/masshealthpubs.

2. Verify member eligibility from the POSC. Click on Manage Members, then on Eligibility.

3. Check the regulations for your provider type. Click on MassHealth Regulations in the Publications panel on

the MassHealth Web site (www.mass.gov/masshealth).

For more information, contact HIPAA Support at MassHealth Customer Service by e-mail at

hipaasupport@mahealth.net or by phone at 1-800-841-2900.