



## Suspense Edits for Long Term Care Claims

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### *Claim Conflict Suspense Edits*

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](http://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](http://www.mass.gov/masshealth)).

For more information, contact HIPAA Support at MassHealth Customer Service by e-mail at [hipaasupport@mahealth.net](mailto:hipaasupport@mahealth.net) or by phone at 1-800-841-2900.