Suspense Edits for Long Term Care Claims

Level of Care Suspense Edits

This document provides information that will enable long term care (LTC) providers to prevent and resolve claims that suspend for level of care. 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 2053 (Not Coded for LOC or MMC)

Suspense Reason

The claim suspends because there is no Management Minutes Questionnaire (MMQ) indicated on the file for the member. This is a recycle edit and will recycle for a period of time.

System Resolution

If the member's MMQ file is not updated, the claim will deny for edit 7725 (Final Edit Member Not Coded for Case Mix).

Provider Action

Submit the MMQ online through the Provider Online Service Center (POSC) using direct data entry (DDE) or batch submission.

Recommended Best Practice MassHealth Resources to Access

Nursing Facility Manual - Appendices D and E

Edit 2008 (Member Level of Care Not on File)

Suspense Reason

The claim suspends because there is no level of care indicated on the file for the member. This is a recycle edit and will recycle for a period of time.

System Resolution

If the member is not coded to the facility, the claim will deny for Edit 7736 (Final Edit-Member Level of Care Not on File).

Provider Action

Contact the MassHealth Enrollment Center (MEC) for their area to have the member coded to their facility.

Recommended Best Practice MassHealth Resources to Access

Nursing Facility Manual - Appendix B (list of regional MECs)

Edit 1018 (Provider Rate Not on File - No Rate Segment on File for LOC)

Suspense Reason

The claim suspends because there is no rate segment indicated on the file for the member (missing case mix information prevents the claim from pricing appropriately). This is a recycle edit and will recycle for a period of time.

System Resolution

If the member's file is not updated to include case mix information, the claim will deny for edit 1019 (No Provider LOC Rate on File).

Provider Action

Submit the MMQ online through the POSC using DDE or batch submission.

Recommended Best Practice MassHealth Resources to Access

Nursing Facility Manual - Appendices D and E

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.