

December 12, 2011

Montana Health Care Programs Notice Physicians

Qualifier for Anesthesia Services on HIPAA 5010 837P Transactions

This notice is a reminder to providers based on findings during testing of 5010 claims. Per the HIPAA 5010 Technical Report Type 3 (TR3) document, anesthesia services must be sent with the qualifier MJ (minutes) on the 837P 5010 transaction in Loop 2400, data element SV103 Unit or Basis for Measurement Code.

Anesthesia services are identified by an RBRVS status J in the claims processing system; these are the codes listed on the fee schedule with a method of “ANES VALU”.

Montana Health Care Programs will reject the claim if the qualifier value in SV103 is not MJ (minutes) when the service on the line is for anesthesia. This will be reflected on the 277CA Claim Acknowledgement transaction in the STC Segments of Loop 2200D, Claim Level Status Information and Loop 2220D, Line Level Status Information.

Data element STC01-1 Health Care Claim Status Category Code will have a value of A3 (Acknowledgement/returned as unprocessable claim – the claim/encounter has been rejected and has not been entered into the adjudication system) and data element STC01-2 Health Care Claim Status Code will have values of 21 (Missing or invalid information) and 251 (Total anesthesia minutes).

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://medicaidprovider.hhs.mt.gov>