## How to fix the claims rejected for "SERVICE UNIT COUNT OR ANESTHESIA MINUTES" ?

07/24/2024 5:15 pm EDT

If your claim is rejected for Service Unit Count (OR) Anesthesia Minutes, there is a simple and easy fix.

## 1. Hover over Billing and select Live Claims Feed

| Billing                        |
|--------------------------------|
| BILLING                        |
| Billing Summary                |
| Live Claims Feed               |
| Patient Payments               |
| Day Sheet                      |
| Transactions                   |
| Remittance Reports             |
| Unmatched ERAs                 |
| Insurance Credit Card Payments |
| Accounts Receivable            |
| Patient Statements             |
| Product/Procedure              |
| Patient Balance Ledger         |
| Fee Schedule                   |
| Underpaid Items                |
| Adjustment Master              |
| Sales Tax                      |
| Billing Log                    |

## 2. Search for the patient and click on their date of service.

| Claim Type All • Claim St 0 0 2 All • Billing St: All • Appt Profiles: All • TFL Warning   |                          |         |                      |                   |          |                     |        |         |        |               |               |            |            |           |              |               |                       |                    |             |                 |              |  |                  |                  |
|--|--------------------------|---------|----------------------|-------------------|----------|---------------------|--------|---------|--------|---------------|---------------|------------|------------|-----------|--------------|---------------|-----------------------|--------------------|-------------|-----------------|--------------|--|------------------|------------------|
| Adjuster's name  |                          |         |                      |                   |          |                     |        |         |        |               |               |            |            |           |              |               |                       |                    |             |                 |              |  |                  |                  |
| Payer Name Payer ID drc claim # 10/15/2015 — 10/15/2016 Clinical Note                      |                          |         |                      |                   |          |                     |        |         |        |               |               |            |            |           |              |               |                       |                    |             |                 |              |  |                  |                  |
| Оре  | Open window in new tab 📄 |         |                      |                   |          |                     |        |         |        |               |               |            |            |           |              |               |                       |                    |             |                 |              |  |                  |                  |
| Batch Status Change ▼ 🕀 Export to File 🔹 🖺 Custom Export Display ▼ + Schedule 🗘 Internal ▼ |                          |         |                      |                   |          |                     |        |         |        |               | 1-3           | 2 OF 2     |            |           |              |               |                       |                    |             |                 |              |  |                  |                  |
| 🔲 Info   | Claim ID                 | Patient | Date of<br>Service   | Office            | Provider | Billing<br>Provider | Billed | Allowed | Adjmt  | lns 1<br>Paid | Ins 2<br>Paid | Pt<br>Paid | ins<br>Bai | Pt<br>Bal | Claim<br>Bal | Exp<br>Reimbr | ins 1                 | ins 1<br>Status    | ins 2       | Ins 2<br>Status | First<br>EDI |  | Service<br>Notes | Billing<br>Notes |
| Totals:  |                          |         |                      |                   |          |                     | \$0.00 | \$0.00  | \$0.00 | \$0.00        | \$0.00        | \$0.00     | \$0.00     | \$0.00    | \$0.00       | \$0.00        |                       |                    |             |                 |              |  |                  |                  |
|  | 31702020                 |         | 6/22/2016<br>06:45PM | Primary<br>Office | 1        |                     | \$0.00 | \$0.00  | \$0.00 | \$0.00        | \$0.00        | \$0.00     | \$0.00     | \$0.00    | \$0.00       | \$0.00        | CHECK<br>INTO<br>CASH | A Not<br>Submitted | PRC<br>BCBS |                 |              |  |                  |                  |
|  | 31701894                 |         | 6/21/2016<br>06:00PM | Primary<br>Office |          |                     | \$0.00 | \$0.00  | \$0.00 | \$0.00        | \$0.00        | \$0.00     | \$0.00     | \$0.00    | \$0.00       | \$0.00        | Aetna                 | ▲ Not<br>Submitted | PRC<br>BCBS |                 |              |  |                  |                  |
|  |                          |         |                      |                   |          | Totals:             | \$0.00 | \$0.00  | \$0.00 | \$0.00        | \$0.00        | \$0.00     | \$0.00     | \$0.00    | \$0.00       | \$0.00        |                       |                    |             |                 |              |  |                  |                  |

3. Once in the billing detail screen, scroll down to the CPT section.

4. The Units (Qty/Min) can be entered on the row as shown below. Enter the Units (Qty/Min) as 1:00 (or as needed).

| Sch | edule Clinical                      |                              | Billing Account He | elp ≸   | ×           |       |        |        |        |               |        |          | Search      |                  |          | ≡       |
|-----|-------------------------------------|------------------------------|--------------------|---------|-------------|-------|--------|--------|--------|---------------|--------|----------|-------------|------------------|----------|---------|
|     | Billing Fac                         |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
| P   | urchased Serv Prov<br>Appointment N |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     |                              | 10                 |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     | Follow-up I<br>Billing N            |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     | Dining N                            | Jue 3                        | +                  |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     | 100.44                              | <b>B</b> 1.0                 |                    |         |             |       |        |        |        |               |        |          | 0 11        | 1. 1             |          |         |
| #   | Add ICD-10 colle                    | Description                  |                    |         |             | Line  | Item   | •      |        | NDC Code      | e 🚽    |          | Quantity    | Units<br>UN (Uni |          |         |
| No  |                                     | for this appointment.        |                    |         |             |       |        | •      |        | Add NDC cod   | e V    |          |             |                  | <b>,</b> | +       |
|     |                                     |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
| #   | ICD-9 to Convert                    | Description                  |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
| No  | Add ICD-9 code                      | or this appointment.         |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     | Code/Check Date                     | Description Mods/Posted Date | Service Date 📀     | Qty/Min | Dx Pointers | Price |        |        |        | Ins 1 paid Ir |        |          |             | al Status/Ad     |          |         |
|     |                                     |                              |                    |         | Totals:     |       | \$0.00 |        | \$0.00 | \$0.00        | \$0.00 | \$0.00   |             | 00 🛕 Not Sul     |          |         |
|     | C 99213 🔸                           |                              | From date To date  | 1.00    | 1 0 0 0     | 200   | \$0.00 | \$0.00 | \$0.00 | \$0.00        | \$0.00 | 0        | \$0.00 \$0. | 00               |          | III (+) |
| +   | Add Line Item                       | × Delete Selected            |                    |         |             |       |        |        |        |               | C R    | eparse E | RA i Clai   | m Info 🗸 🗸       | Verify & | Save    |
|     |                                     |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     |                              |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     | -                            |                    |         |             |       |        |        |        |               |        |          |             |                  |          |         |
| Γ   | Qty/Min                             | Dx Pointers                  | Price              |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     | Тс                           | otals:             |         |             |       |        |        |        |               |        |          |             |                  |          |         |
|     | 1.00                                | 1000                         | ) 1.0              | 00      |             |       |        |        |        |               |        |          |             |                  |          |         |
|     |                                     |                              |                    | ,       |             |       |        |        |        |               |        |          |             |                  |          |         |

5. Click on **Verify and Save**. The claim can then be resubmitted to the payer.