From: **Lori Petre** <lori.petre@azahcccs.gov>
Date: Tue, Apr 2, 2019 at 1:54 PM
Subject: Correction to MSIC Billing Rules

A needed correction related to secondary MSIC claims has been identified as outlined below. When information was incorporated it mistakenly followed the FQHC/RHC guidelines requiring an EOB for the T1015 code billing.

Corrected version of overall MSIC Billing Rules is attached.

If you have any questions please let us know. Thank you!

When Medicare is primary payer:
Crossover claims may be received electronically from the Medicare plan with Medicare's specified coding that will not match to AHCCCS coding requirements for the inclusion of a T1015 code. In this case the MSIC should submit a separate claim form with the T1015 code related to the visit or visits ~~and include a copy of the EOMB, even though the codes billed will not match the EOMB~~. On the claim form Medicare deductible/coinsurance/copay total amounts should be left blank (do not enter 0's).

If the Medicare claim did not electronically crossover from the Medicare plan, the MSIC may submit the T1015 code on the related visit claim or may submit a separate claim for with the T1015 code related to the visit or visits. ~~and must include a copy of the EOMB, even though the codes billed will not match the EOMB.~~ On the claim form Medicare deductible/coinsurance/copay total amounts should be left blank (do not enter 0's).

When other coverage paid as primary:
The MSIC should submit the T1015 code on the related visit claim or may submit a separate claim form with the T1015 code related to the visit or visits. ~~and include a copy of the EOB, even though the codes billed will not match the EOB.~~