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Sent: Monday, December 10, 2018 10:31 AM
To:

Cc:

Subject: FQHC/RHC - Medicaid as Secondary Billing Reminder

During a recent audit of FQHC/RHC encounter submission it was noted that AHCCCS FQHC/RHC Billing policy as outlined below did not appear to be followed when Medicaid was a secondary payer. Findings from this informal audit will be shared with MCO's shortly, however, we also wanted to remind all MCO's of the specifics of this Billing policy. Thank you in advance for your review, any questions please let us know. Thanks!

https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap_10AddendumFQHC.pdf

FFS Billing Instructions with a Primary Payer

When Medicare is primary payer

- Crossover claims are received electronically from the Medicare plan with Medicare's specified coding, which will not match to AHCCCS coding requirements.
- The FQHC/RHC provider must first void the crossover claim and then submit on a 1500 claim form with the AHCCCS specified coding and include a copy of the EOMB.
- On the 1500 claim form Medicare's deductible/coinsurance/copay total amounts *must* be reported on the T1015 claim line for reimbursement in the correct Medicare fields. The appropriate EM codes must be billed on successive lines with 0.00 billed amount, while leaving the Medicare fields blank (do *not* enter 0's).
- If the Medicare claim did not crossover, the FQHC/RHC must submit the claim with the EOMB, even though the codes billed will not match the EOMB. The Medicare deductible/coinsurance/copay total amounts *must* be reported on the T1015 service line, in the correct Medicare fields, for reimbursement. The appropriate EM codes must be billed on successive lines with 0.00 billed amounts, leaving the Medicare deductible/coinsurance /copay fields blank (do *not* enter 0's).

When other coverage paid as primary

- The FQHC/RHC must submit the claim with the total amount paid by the other primary payer entered on the T1015 service line only (in the correct OT fields).
- The appropriate EM codes must be billed on successive lines with 0.00 billed amount, leaving the other payer fields blank (do *not* enter 0's). A copy of the primary payer's EOB must be included with the claim. Since AHCCCS specifies the T1015 coding, the billing and the EOB coding will not match.