We are evaluating potential impacts related to a hypothetical handling scenario for MSIC Medicaid secondary claims, which are currently causing processing issues for the MSIC's.

Please let us know no later than COB Friday 8/2.

What would the impacts to your processing for MSIC Medicaid secondary claims only, if we required the below handling, and what would be the time frame required for implementation?

1. MSIC bills the primary payer for services other than the T1015 and at the same time submits a bill for the T1015 code to the appropriate AHCCCS MCO
2. AHCCCS MCO does not auto deny the T1015 submitted claims (looking for the related services) while waiting for the primary payer to complete the processing of the other services and submission of those services, but pends/holds the T1015 submitted claim for a period (i.e. 30 days) with periodic re-evaluation as to where the related services have been submitted.

Thank you in advance for your inputs. Please let us know if you have questions. Thanks!