



## Billing Other Insurance Before Medicaid— Important Update for NCPDP 3.2 Submitters

Beginning January 12, 2004, pharmacy providers must change their procedures when submitting a claim for a client who is covered by both the Montana Department of Public Health and Human Services and another insurance carrier. In these situations, the pharmacy must begin billing the primary insurance before submitting a claim to DPHHS. Montana DPHHS programs include Medicaid and the Mental Health Services Plan. This change was described in the December issue of the *Montana Medicaid Claim Jumper* and was originally scheduled for implementation on January 1.

Below, providers will find instructions and important information on how to submit claims for DPHHS clients who have other primary insurance coverage. The instructions below are for providers submitting claims using the NCPDP Version 3.2 (3C). Instructions for submitting claims using the NCPDP Version 5.1 are attached.

### **Required Fields**

<b><u>Field Number</u></b>	<b><u>Field Name</u></b>	<b><u>Valid Values</u></b>	<b><u>Status</u></b>
Field 308	Other Coverage Code	0 = Not specified 1 = No other coverage exists 2 = Other coverage exists – Payment collected 3 = Other coverage exists – This claim not covered 4 = Other coverage exists- Payment not collected	<b>Required</b>
Field 431	Other Payor Amount	s\$\$\$c	<b>Conditional*</b>
Field 433	Other Payor Date	CCYYMMDD	<b>Conditional*</b>

\*These fields are required when Other Coverage Code equals 2,3 or 4.

If you feel that there is an error in the eligibility file, you can contact the help desk at (800) 365-4944.

For more information and an updated copy of the Montana Medicaid Version 3.2(3C) Payor Sheet, go to [www.mtmedicaid.org](http://www.mtmedicaid.org).