



# Billing Other Insurance Before Medicaid— Important Update for NCPDP 5.1 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 5.1.

## **Required Fields in the Claim Segment**

<b><u>Field Number</u></b>	<b><u>Field Name</u></b>	<b><u>Valid Values</u></b>	<b><u>Field 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 5 = Managed Care plan denial 6 = Other coverage exists, not a participating provider 7 = Other coverage exists, not in effect at the time of service 8 = Claim is a billing for a copay	<b>Required</b>

## **Required Fields in the COB/Other Payments Segment**

<b><u>Field Number</u></b>	<b><u>Field Name</u></b>	<b><u>Field Status</u></b>
Field 111-AM	Segment Identification	<b>Mandatory</b>
Field 337-4C	COB/Other Payment Count	<b>Mandatory</b>
Field 338-5C	Other Payer Coverage Type	<b>Mandatory</b>
Field 443-E8	Other Payer Date	<b>Required When</b>
Field 341-HB	Other Payer Amount Paid Count	<b>Required When</b>
Field 342-HC	Other Payer Amount Paid Qualifier	<b>Required When</b>
Field 431-DV	Other Payer Amount Paid	<b>Required When</b>

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

For the valid values, more information and an updated copy of the Montana Medicaid Version 5.1 Payer Sheet, go to [www.mtmedicaid.org](http://www.mtmedicaid.org).