

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

September 9, 2010

Pharm

MEDICAID BULLETIN

TO: Providers Indicated

**SUBJECT: I. Changes in the Submission of Coordination of Benefits (COB) Claims
 by Pharmacy Providers
 II. Prior Authorization for Antibiotics Marketed for the Treatment of
 Dermatological Indications**

I. Changes in the Submission of COB Claims by Pharmacy Providers

Effective with dates of service on or after September 15, 2010, the South Carolina Department of Health and Human Services will make the following modifications regarding the submission of (COB) information for claims submitted for beneficiaries who also have other prescription drug coverage.

The Other Coverage Code (OCC) of 2 will continue to be used for those instances where payment is made by a primary insurer. In addition to the fields currently required, providers should also submit the amount of the patient's co-payment, as returned on the claim from the primary insurance carrier, in the "Patient Paid Amount Submitted" field (NCPDP field 433-DX).

The OCC of 3 should be submitted in those instances where primary insurance is active, but the product being billed is not covered by the primary insurer. In addition to the fields currently required, providers should also submit the reject code from the primary insurer in the "Other Payer Reject Code" field (NCPDP field # 472-6E).

The use of OCC 4 will continue to be used in those cases in which the primary coverage accepts the claim without providing payment (e.g. if the entire amount is applied to the deductible or the total price is less than the co-payment amount).

The OCC of 7 will continue to be used in those instances in which the primary coverage is not active at the time that the medication is being provided. In addition to the fields currently required, providers should also submit the reject code from the primary insurer in the "Other Payer Reject Code" field (NCPDP field # 472-6E).

Providers are reminded that Medicaid is always payer of last resort. In cases where eligibility records reflect that other insurance coverage exists, providers are required to bill all other insurance carriers first, including Medicare Part B when applicable, before billing SC Medicaid.

A summary of the fields required for each of the OCC categories is included in the chart below:

<u>Field Name</u>	<u>NCPDP Number</u>
Required on All COB Claims	
Other Coverage Code (OCC)	308-C8
Other Payer Date	443-E8
ID Qualifier	339-6C
Other Payer ID	340-7C
OCC 2 Specific	
Other Payer Amount Paid	431-DV
Patient Paid Amount Submitted	433-DX
OCC 4 Specific	
<i>No Additional Fields Required</i>	<i>N/A</i>
OCC 3 Specific	
Other Payer Reject Code	472-6E
OCC 7 Specific	
Other Payer Reject Code	472-6E

II. Prior Authorization of Antibiotics Marketed for the Treatment of Dermatological Indications

Effective with dates of service on or after September 15, 2010, the South Carolina Department of Health and Human Services will require prior authorization (PA) for antibiotics marketed for the treatment of acne or rosacea. These products include, but may not be limited to: Avidoxy, Adoxa, Doryx, Monodox, Oracea, Oraxyl, and Solodyn.

Claims submitted for these medications on or after September 15, 2010 will reject with NCPDP error code 75, Prior Authorization Required.

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your Program Representative at (803) 898-2876. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Emma Forkner
 Director

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