

NCPDP Payer Sheet Guidelines

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Pharmacies must follow these guidelines when submitting claims with multiple payers that require coordination of benefits from more than one health plan/payer. Retain other payer denial reasons documentation to support your MHCP billing.

Complete the following fields to report Other Coverage Code 02 (other coverage exists & payment was collected)

Field	Field Name	Definition/Instruction
308-C8	Other Coverage Code	Enter code 02: payment was made by other payer
337-4C	Coordination of Benefits payment counts	Enter number of payments made on this claim.
338-5C	Other payer coverage type	Code identifying the payer as, Primary, Secondary or Tertiary
339-6C	Other payer ID Qualifier	Qualifier used to describe the other payer ID. DHS requires you to use the code (99) for "Other" or (03) for "BIN"
340-7C	Other Payer ID	Use any number you want to identify the other payer until standard payer IDs are issued.
341-HB	Other payer amount paid count	Number of payments made on this claim.
342-HC	Other payer amount paid qualifier	Enter code 07 or 08 to identify the TPL payment.
431-DV	Other payer amount paid	Amount of payment made on this claim

Complete the following fields to report Other Coverage Code 04 (other coverage exists, no payment was made and you are billing for more than copay only)

Field	Field Name	Definition/Instruction
308-C8	Other Coverage Code	Enter code 04: other coverage paid \$0.00; billing for more than copay
337-4C	Coordination of Benefits payment counts	Enter number of paid occurrences even if paid \$0.00
338-5C	Other payer coverage type	Code identifying the payer as, Primary, Secondary or Tertiary
339-6C	Other payer ID Qualifier	Qualifier used to describe the other payer ID. DHS requires you to use the code (99) for "Other" or (03) for "BIN"
340-7C	Other Payer ID	Use any number you want to identify the other payer until standard payer IDs are issued.
341-HB	Other payer amount paid count	Number of payments made on this claim
342-HC	Other payer amount paid qualifier	Code 07 or 08 qualifying other payer amount paid
431-DV	Other payer amount paid	Enter 0 (zero dollar amount)

Complete the following fields to report Other Coverage Code 08 (billing for copay only)

Field	Field Name	Definition/Instruction
308-C8	Other Coverage Code	Enter code 08: billing for copay only

337-4C	Coordination of Benefits payment counts	Enter number of payments made on this claim if a payment is made by the other payer
338-5C	Other payer coverage type	Code identifying the payer as, Primary, Secondary or Tertiary
339-6C	Other payer ID Qualifier	Qualifier used to describe the other payer ID. DHS requires you to use the code (99) for "Other" or (03) for "BIN"
340-7C	Other Payer ID	Use any number you want to identify the other payer until standard payer IDs are issued.
341-HB	Other payer amount paid count	Number of payments made on this claim.
342-HC	Other payer amount paid qualifier	Code (99) qualifying other payer amount paid
431-DV	Other payer amount paid	Amount of payment made on this claim
430-DU	Gross Amount Due	Enter copay amount
478-H7	Other Amount Claimed Submitted Count	Number of copays made on claim
479-H8	Other Amount Claimed Submitted Qualifier	Qualifier (99) used to describe the Other Amount Claimed Submitted
480-H9	Other Amount Claimed Submitted	Enter Copay Amount

Other Coverage Denial Codes

03: Other coverage exists-this claim not covered

05: Managed Care denial

06: Other coverage denied-not a participating provider

07: Other coverage exists-not in effect at time of service

Complete the following fields to report the denial:

Field	Field Name	Definition/Instruction
308-C8	Other Coverage Code	Code indicating if other coverage exist and if the other payer denied this claim
337-4C	Coordination of Benefits/Other Payments Counts	Number of denied occurrences made on this claim
338-5C	Other payer coverage type	Code identifying the payer as, Primary, Secondary or Tertiary
339-6C	Other payer ID Qualifier	Qualifier used to describe the other payer ID DHS requires you to use the code (99) for "Other" or (03) for "BIN"
341-HB	Other payer amount paid count	Leave blank when no payment is made
342-HC	Other payer amount paid qualifier	Code 07 or 08, qualifying other payer amount paid
431-DV	Other payer amount paid	Amount of payment made on this claim
471-5E	Other payer reject count	Number of reject codes provided by the Other payer
472-6E	Other payer reject code. Up to 3 codes allowed	NCPDP reject codes supplied by the other payer