

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program

To: Family Planning Clinics, Federally Qualified Health Centers, Independent Labs, Pharmacies, Physician Clinics, Physicians, Podiatrists, HMOS and Other Managed Care Programs

Pharmacy Coordination of Benefits Clarification for Other Coverage Code 4

In order to be compliant with the National Council for Prescription Drug Programs 5.1 Telecommunication Standard for Retail Pharmacy Claims (NCPDP 5.1), ForwardHealth is issuing clarification on the use of Other Coverage Code 4 (field number 308-C8).

Claim Submission Requirements

In order to be compliant with the National Council for Prescription Drug Programs 5.1 Telecommunication Standard for Retail Pharmacy Claims (NCPDP 5.1), ForwardHealth is issuing clarification on the use of Other Coverage Code 4 (field number 308-C8).

When submitting claims for other insurance to ForwardHealth, providers are required to include specific coordination of benefits (COB) information based on the results of the claim submission to other insurance sources. Some or all of the information below may be automatically populated by the pharmacy Point-of-Sale (POS) software; however, if the software does not automatically populate this information, pharmacy providers are required to enter the information before submitting the claim.

Effective for dates of process on and after June 1, 2009, if a service is covered by other insurance and payment is not collected, providers are required to indicate a value of "4" in the NCPDP field number 308-C8 (Other

Coverage Code) and information in the following NCPDP fields for each other insurance source:

- 338-5C (Other Payer Coverage Type).
- 339-6C (Other Payer ID Qualifier) with a value of "99."
- 340-7C (Other Payer ID).
- 443-E8 (Other Payer Date) with the payment date, denial date, or the date the claim was submitted to other insurance sources.
- 342-HC (Other Payer Amount Paid Qualifier) with a value of "08."
- 431-DV (Other Payer Amount Paid) with a zero amount.

Refer to the Attachment of this *ForwardHealth Update* for examples of Other Coverage Code 4.

Providers should refer to the NCPDP 5.1 companion document on the Trading Partner area of the ForwardHealth Portal for fields required on claims when a member has other insurance.

Information Regarding Managed Care

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the

member's managed care organization (MCO). Medicaid and BadgerCare Plus MCOs must provide at least the same benefits as those provided under fee-for-service.

Members who are enrolled in Wisconsin Chronic Disease Program only are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT

Coordination of Benefits Examples for Other Coverage Code 4

The following table provides examples to assist pharmacy providers who submit real-time claims through the Point-of-Sale system. The examples include information that must be indicated in National Council for Prescription Drug Programs (NCPDP) fields. Providers may refer to the companion documents on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for claim response fields.

Program	Coordination of Benefits	Processor Control Number	Other Coverage Code (308-8C)	Usual and Customary Charge (426-DQ) or Gross Amount Due (430-DU)	Patient Paid Amount (433-DX)	Other Payments Count (337-4C)	Other Payer Coverage Type (338-5C)	Other Payer ID Qualifier (339-6C)	Other Payer ID (340-7C)	Other Payer Date (443-E8)	Other Payer Amount Paid Qualifier (342-HC)	Other Payer Amount Paid (431-DV)	Other Payer Reject Count (471-5E)	Other Payer Reject Code (472-6E)
Badger-Care Plus and Medicaid	Medicare Part B Only	N/A	4	\$100	N/A	1	01	99	PARTB	2/16/09	08	\$0		
Badger-Care Plus and Medicaid	Medicare Part B and Commercial Health Insurance	N/A	4	\$95	N/A	2	01 02	99	PARTB COMM	2/16/09 2/16/09	N/A 08	N/A \$0	1	AC
Badger-Care Plus and Medicaid	Medicare Part B, Medicare Part D, and Commercial Health Insurance	N/A	2	\$157	N/A	3	01 02 03	99	PARTB PARTD COMM	2/16/09 2/16/09 2/17/09	08 08 08	\$100 \$0 \$0		