

# South Carolina Reference Guide Coordination of Benefits

December 4, 2024

**South Carolina Medicaid is always payer of last resort.** (If Prime reflects other insurance in the claims system, we will reject the claim and furnish the TPL information so that you can file to primary or secondary then bill SC Medicaid as secondary)

- In cases where SC Medicaid beneficiary has other insurance coverage, pharmacy providers are required to bill all other insurance carriers (including Medicare Part B) **before** billing SC Medicaid.
- Medicaid. (**Note:** Medicaid does not coordinate benefits with Medicare Part D or with a Medicare beneficiary's creditable coverage)
- No primary insurer co-payments or deductibles should be collected from beneficiaries if the claim is for a covered SC Medicaid product. The Medicaid (Prime) POS system will return a message regarding any applicable co-payment.
- If payment is received from multiple payer sources, Medicaid requires the **total amount paid** from **all** payer sources in the OTHER PAYER AMOUNT PAID field.

**\*\*There are 4 fields that are required to process a Medicaid secondary (TPL) claim\*\***

- Other Coverage Code (OCC)- (NCPDP field # 308-C8)
- Other Payer Date- (NCPDP field # 443-E8)
- (Insurance) ID Qualifier- Always "99" (NCPDP field # 339-6C)
- Other Payer ID- (NCPDP field # 340-7C)

The 5-digit Insurance Carrier Codes/Payer IDs are located at <http://southcarolina.fhsc.com>

Description of "Other Coverage Codes":

OCC	Use this value if...	Additional fields to complete ...		
		Field Name	NCPDP #	Reason
2	Primary payer makes payment	Other Payer Amount Paid	431-DV	Enter payer's payment amount
		Other Payer Patient Responsibility Amt	352-NQ	Enter patient's liability
3	Primary payer does not cover the drug; <b>OR</b> Primary payer denied the claim as the Beneficiary's coverage was not effective on the date of service	Other Payer Reject Code	472-6E	Enter payer's reject reason

OCC	Use this value if...	Additional fields to complete ...		
		Field Name	NCPDP #	Reason
4	Primary payer's total payment is applied to the Beneficiary's Deductible or Copayment	Other Payer Patient Responsibility Amt	352-NQ	Enter patient's liability
		Other Payer Amount Paid	431-DV	Enter payer's payment amount
		Other Payer Amount Paid Qualifier	342-HC	See SC Payer Specs for values

**Note:** You must complete the COB Segment if TPL is on file. If you are unable to populate the NCPDP fields indicated above, contact your software vendor for assistance. **Note:** do not use "1", "5," "6," "7" or "8" IN THE OCC FIELD – claim will reject.