

SC MEDICAID INFORMATION FOR COORDINATION OF BENEFITS (COB)

(Reference – POS Manual)

- **South Carolina Medicaid is always payer of last resort.** (If First Health has other insurance in the claims system, we will reject the claim and furnish the TPL Information so that you can file to primary/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. (Note: Medicaid does NOT coordinate benefits for Medicare Part D-covered claims.)
- No primary insurer co-payments or deductibles should be collected from beneficiaries if the claim is for a covered SC Medicaid product. The Medicaid (First Health Services) POS system will return a message regarding any applicable copayment.
- If there is a payment received from multiple payer sources, **Medicaid requires** the TOTAL AMOUNT PAID from ALL payer sources in the OTHER PAYER AMOUNT field.

****There are 5 fields that are REQUIRED to process a Medicaid secondary (TPL) claim****

- Other Coverage Code (OCC)
- Other Payer Date
- Other Payer Amount Paid
- (Insurance) ID Qualifier – Always “99”
- Other Payer ID – The 5 digit Insurance Carrier Codes/Payer ID’s are located at <http://southcarolina.fhsc.com>

Description of “Other Coverage Codes”:

Please note: You must complete the COB Segment if TPL is on file in claims system

- If you received payment from the primary/secondary insurance, then enter a “2”
- If they have “active primary/secondary coverage” BUT THIS PARTICULAR DRUG IS NOT COVERED, then enter a “3”
- If they have “active primary/secondary coverage” but you were told to collect the money from the patient (i.e., if the claim was applied to the deductible/co-pay), then enter a “4”
- If the beneficiary does not have other coverage on the date of service and this has been verified by billing the indicated insurance carrier, then enter a “7”
- IF PATIENT ONLY HAS MEDICARE PART D COVERAGE – LEAVE OCC and COB SEGMENT BLANK
- DO NOT USE “5,” “6,” OR “8” IN THE OCC FIELD – claim will reject
- **DO NOT USE “1” IN THE OCC FIELD** – This value should never be used when submitting claims to SC Medicaid (claims will reject in the near future if value is used)