



- **South Carolina Medicaid is always payer of last resort.** (If Magellan Medicaid Administration reflects 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 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 (Magellan Medicaid Administration) 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 ID’s 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 ~OR~ 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
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

**Please 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.**