


# Colorado Medicaid – Pharmacy Billing Other Coverage Code (OCC) Quicksheet

Field 308-C8, Other coverage Code (OCC), is used by Colorado Medicaid as follows:

## Colorado Medicaid OCC codes:

- 0 = Not Specified
- 1 = No other coverage identified
- 2 = Other coverage exists – payment collected
- 3 = Other coverage exists – this claim not covered
- 4 = Other coverage exists – payment not collected

- If any other codes are used for Colorado Medicaid, the claim will be denied
- Use the code that best fits the situation
- Codes 2 and 4 look similar, however the functionality of the codes are very different

-  **An incorrect OCC code selection may affect Pharmacy reimbursement**
- Patient copay **cannot exceed \$1.00 for Generic** pharmaceuticals or **\$3.00 for Brand Name** pharmaceuticals

## How This Field Affects Other Fields

- **353-NR – Other Payer – Patient Responsibility Amount Count**
  - **Required field if** OCC field has a value of **4** (Other coverage exists – payment not collected)
  - This field has maximum count of 25 areas where information can be entered to show amounts paid by the patient
- **351-NP – Other Payer-Patient Responsibility Amount Qualifier**
  - **Required field if** OCC field has a value of **4** (Other coverage exists – payment not collected)
  - Enter **one** of the following qualifiers for Colorado Medicaid:
    - 01 = Amount applied to periodic deductible
    - 05 = Amount of co-pay
    - 07 = Amount of co-insurance
  - Colorado Medicaid will **only** reimburse for amounts submitted with qualifiers of 01, 05, or 07

- **352-NQ – Other Payer – Patient Responsibility Amount**
  - **Required field if** OCC field has a value of **4** (Other coverage exists – payment not collected)
  - The amount must be a monetary amount over zero
  - Do not put the Medicaid co-payment in this field
  
- **472-6E – Other Payer Reject Code**
  - **Required field if** OCC field has a value of 3 and the other payer has denied the payment for billing
    - **If this field is not completed, a reject message 6E will be generated**
  - **All codes** are acceptable
  
- **471-5E – Other Payer Reject Count**
  - **Required field if** Other Payer Reject Code (472-6E) is used
  - **Required field if** OCC field has a value of 3
    - **If this field is not completed, a reject message 5E will be generated**
  
- **338-5C – Other Payer Coverage Type**
  - **Required field if** there is another payer
    - Use the following codes:
    - Blank = Not specified
    - 01 = Primary
    - 02 = Secondary – Second
    - 03 = Tertiary – Third
    - 04 = Quaternary – Fourth
    - 05 = Quinary – Fifth
  
- **443-E8 – Other Payer Date**
  - **Required field if** OCC field has a value of 2, 3 or 4
  - Use the date on the check from the other carrier
  - Format must be CCYYMMDD (ex. 20120101)
  
- **341-HB – Other Payer Amount Paid Count**
  - **Required field if** Other Payer Amount Paid Qualifier (342-HC) is used
  - Information in this field can be entered to show amounts paid by up to nine different payers maximum

- **342-HC – Other Payer Amount Paid Qualifier**
  - **Required field if** there is a payment from another source
  - Use the following codes:
 

01 = Delivery	06 = Cognitive Service
02 = Shipping	07 = Drug Benefit
03 = Postage	08 = <i>not valid</i> <sup>1</sup>
04 = Administrative	09 = Compound Preparation
Cost 05 = Incentive	10 = Sales Tax

1 – Effective 1/1/2012 – code 08 was determined non-compliant and is not a valid option

The following examples are intended to show the importance of completing the necessary fields for each transaction. The examples listed do not cover all possibilities, but provide information as to why a claim will be paid or denied based on the information provided.

**Example 1**

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 4</li> <li>• Other Payer Amount Paid = \$0</li> <li>• Other Payer – Patient Responsibility Amount = \$1.00</li> <li>• Other Payer-Patient Responsibility Amount Qualifier = 05</li> </ul>	Paid	None – All necessary fields for OCC were completed with an acceptable value

## Example 2

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"><li>• OCC = 4</li><li>• Other Payer – Patient Responsibility Amount = 0</li><li>• Other Payer – Patient Responsibility Amount Qualifier = 05</li></ul>	Denied	The Other Payer – Patient Responsibility amount must be a monetary amount over \$0.00.  <b>Note: Enter the information that is on the explanation of benefits from the other carrier.</b>

### Example 3

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 4</li> <li>• Other Payer Amount Paid = \$0</li> <li>• Other Payer-Patient Responsibility Amount Qualifier = 11</li> </ul>	Denied	1. Other Payer – Patient Responsibility Amount field must be a monetary amount over \$0.00. 2. Other Payer-Patient Responsibility Amount Qualifier – 11 is not an acceptable Qualifier <b>Note</b> – Colorado Medicaid only uses the values <b>01, 05, or 07</b> in the Other Payer Patient Responsibility Amount Qualifier field when processing

### Example 4

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 3</li> <li>• Other Payer Amount Paid Amount = \$0</li> <li>• Other Payer Reject Code = 70</li> </ul>	Paid	None – All necessary fields for OCC were completed with an acceptable value

### Example 5

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 3</li> <li>• Other Payer Amount Paid = \$0</li> <li>• Other Payer Reject Code = Blank</li> </ul>	Denied	1. Other Payer Reject Code was not entered and is required with OCC = 3 <b>Note</b> – any code is acceptable in the Other Payer Reject Code field

## Example 6

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 3</li> <li>• Other Payer Amount Paid = \$0</li> <li>• Other Payer – Patient Responsibility Amount = \$20.00</li> <li>• Other Payer Reject Code = Blank</li> </ul>	Denied	1. Other Payer Reject Code was not entered and is required with OCC = 3 <b>Note</b> – any code is acceptable in the Other Payer Reject Code field  2. If there is an amount in the Other Payer- Patient Responsibility field, most likely the claim was processed by another carrier and the correct OCC code should be used.

## Example 7

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"> <li>• OCC = 2</li> <li>• Other Payer Amount Paid = Blank</li> <li>• Other Payer Amount Paid Qualifier = Blank</li> </ul>	Denied	1. Other Payer Amount Paid Qualifier was not completed, which defaults to zero.  2. Other Payer –Amount field must be a monetary amount over \$0.00.

## Example 8

Scenario	Claim Paid or Denied	Corrections
<p>Claim is submitted with:</p> <ul style="list-style-type: none"> <li>• OCC = 2</li> <li>• Other Payer Amount Paid = \$20</li> <li>• Other Payer- Amount Paid Qualifier = 05</li> </ul> <p><b>Pricing on the claim:</b>            Allowed Ingredient Cost: \$3.33            Dispensing Fee: \$4.00            Allowed Charge: \$7.33</p>	<p>Paid</p>	<p>None – All necessary fields for OCC were completed with an acceptable value</p> <p><b>Note</b> – The claim will show as Paid, but with a value of \$0. The Other Payer Paid \$20, which is more than the amount (\$7.33) Colorado Medicaid would pay for this drug.</p>

### Example 9

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"><li>• OCC = 1</li><li>• Client does not have other insurance</li></ul>	Paid	None – No other information needs to be added in the Other Coverage Code fields

### Example 10

Scenario	Claim Paid or Denied	Corrections
Claim is submitted with: <ul style="list-style-type: none"><li>• OCC = 1</li><li>• Client has other insurance listed in the Colorado Medicaid pharmacy benefits management system</li></ul>	Denied	If the client has other insurance, the information must be provided when the claim is submitted.