



## Update to New York State Medicaid Fee-for-Service Pharmacy Billing Instructions for Coordination of Benefits Submission

NYRx, the New York State (NYS) Medicaid Pharmacy Program, needs to ensure accurate Coordination of Benefits (COB) submissions are recognized and other patient responsibility amounts are accepted. This is an update to previous guidance issued in the *Update on Medicaid Fee-for-Service (FFS) Pharmacy Billing Instructions for Coordination of Benefits (COB) Submission* article published in the July 2017 issue of the *Medicaid Update*, located at: [https://www.health.ny.gov/health\\_care/medicaid/program/update/2017/jul17\\_mu.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2017/jul17_mu.pdf).

Federal regulations require that all other available resources be used before Medicaid considers payment. If there is a responsible third-party that should be paying for the patients' health benefits, such as a health insurance provider, the responsible third-party should pay first. NYS Medicaid pays the lesser of Patient Responsibility (PR) or the NYS Medicaid fee, regardless of the PR amount. For pharmacies, this rule applies to all PR amounts, which includes deductible, co-insurance, copay, and other patient responsibility.

The following list of values reported in field **308-C8** (Other Coverage Code) are considered acceptable. This field is used by the pharmacy to indicate whether the patient has other insurance coverage. **Valid entries for field 308-C8 are:**

- **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

The following specified values should be submitted in field 308-C8 when the Other Coverage Code of **"4"** is submitted:

- If value code of **"4"** is submitted in field **308-C8** for situations where the prior payer did not make a payment, the following conditions should be met:
  - National Council for Prescription Drug Programs (NCPDP) field **431-DV** (*Other Payer Amount Paid*) is equal to zero; and
  - NCPDP fields **351-NP** (*Other Payer-Patient Responsibility Amount Qualifier*) and **353-NR** (*Other Payer-Patient Responsibility Amount Count*) are present from the primary payer; and
  - **352-NQ** segment (*Other Payer-Patient Responsibility Amount*) is included from the primary payer.

**If any of the above conditions are not met, the system will deny the claim and return response code "193": OTHER PAYER PAT RESPO VALUE NOT SUPPORTED.**

As a reminder, the following list of values in field **351-NP** (*Other Payer Patient Responsibility Amount Qualifier*) when the Other Coverage Code of "**4**" is submitted. These values are considered as acceptable for payment when qualifying PR amounts are reported in field **352-NQ** (*Other Payer Patient Responsibility Amount*) for claims involving third-party liability (TPL) other insurance. All payments paid by any/all third parties, including Medicare, should be included on the claim. **Qualifier values Accepted- Field 351-NP:**

- **Blank** = Not Specified
- **01** = Deductible
- **04** = Amount reported from previous payer as Exceeding Periodic Benefit Maximum
- **05** = Copay Amount
- **06** = Patient Pay Amount
- **07** = Coinsurance Amount
- **09** = Health Plan Assistance Amount
- **12** = Coverage Gap Amount

**Questions and Additional Information:**

- NYS Medicaid fee-for-service (FFS) claim questions should be directed to the eMedNY Call Center at (800) 343-9000.
- NYS Medicaid FFS Pharmacy coverage and policy questions should be directed to the Medicaid Pharmacy Policy Unit by telephone at (518) 486-3209 or by email at [NYRx@health.ny.gov](mailto:NYRx@health.ny.gov).