

PACE/CRDP/SPBP

PROVIDER BULLETIN

September 25, 2013

Coordination of Benefits (COB) Edit Logic Enhancement

Effective October 5, 2013, PACE will be enhancing the processing system logic to ensure that all D.Ø COB validation edits are applied according to NCPDP guidance. A review of paid claims identified two (2) submission instances that will deny on October 5, 2013.

(1) Claims submitted with an Other Coverage Code (OCC) of “3” (Other Coverage Billed, Claim Not Covered).

The claim is submitted with a COB segment loop with values in Field 352-NQ, “Other Payer Patient Responsibility Amount” and in Field 351-NP, “Other Payer Patient Responsibility Amount Qualifier”.

Effective October 5, OCC 3 claims submitted with these fields, including those containing a zero (Ø) in Field 352-NQ, “Other Payer Patient Responsibility Amount”, **will deny** with NCPDP Error(s) 446—“COB/Other Payments Segment Incorrectly Formatted” and/or 5E-- “M/I Other Payer Reject Count.”

Claims submitted with an OCC of 3 cannot have the Other Payer Patient Responsibility fields submitted.

(2) Claims submitted with an Other Coverage Code (OCC) of “4” (Other Coverage Exists, Payment Not Collected).

Claim contains either “blanks” or a zero (Ø) in Field 352-NQ, “Other Payer Patient Responsibility Amount”.

- Those claims submitted with an OCC 4 and Field 352-NQ, “Other Payer Patient Responsibility Amount”, **MUST** contain a value greater than Ø in field (352-NQ). Claims submitted with Field 352-NQ and containing either “blanks” or Ø’s will deny with NCPDP Error “NQ”-“M/I Other Payer Patient Responsibility Amount”.

Questions may be directed to Provider Services at 1-800-835-4080.