



# Medicaid Alert

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October 2011

**TO:** Providers of Pharmaceutical Services

**SUBJECT:** Reporting of the "Other Payer Amount Paid" Field (431-DV)

**BIN 610515**  
**Field 431-DV Other Payer Amount Paid**  
**Field 342-HC Other Payer Amount Paid Qualifier**

**EFFECTIVE:** Secondary claims processed on or after October 11, 2011

**ACTION:** For government programs, pharmacy claims are required to have a full and complete Coordination of Benefits (COB) segment when there are multiple payers. The COB segment must include the amount paid by the other insurance on every 'approved' COB claim.

For this requirement, an amount of \$0.00 must be submitted when the prior payers have not reported any amount paid for the claim.

Effective for secondary claims processed on or after October 11, 2011, the following edit shall be enforced.

Claims will deny with new Error Code 2136 (NCPDP Reject Code DV) if Other Payer Amount Paid is missing or blank. Error Code 2136 has description "*COB Segment and No TPL Paid Information.*"

**REMINDERS:**

- For NCPDP 5.1, the qualifier value '08' is the only value that represents the TPL amount paid.
- For NCPDP D.0, the qualifier value '08' has been removed from the standard for 342-HC. Refer to NCPDP D.0 Implementation guides for values.

Please share this ALERT with your software vendor.

**RETAIN THIS MEDICAID ALERT FOR FUTURE REFERENCE**