



Department of Health

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Important Information: Coordination of Benefit (COB) Reversals with Other Coverage Code (OCC) value “4”

When reversing claims that have been previously submitted with a COB segment and an OCC value of “4” in field 308-C8, signifying the prior payer did not make payment, the billing provider must remove the above information when trying to reverse the claim. The following reject response is being returned for those reversals: *536 – Other Payer Patient Responsibility Amount Qualifier Not Supported*. The Department is working on a system solution but in the interim, removing that information will allow the claim to reverse. Once an update has been made to the reversal logic, we will communicate the change.