

# PACE/PAP Provider Bulletin

December 3, 2024

## OCC-3 Claim Over Allowable Limit Edit Revision

**Currently**, claims reject with NCPDP Error Code 75 "Prior Authorization Required" when the usual and customary (U&C) submitted amount is greater than or equal to \$3,000 and the primary insurer rejects the claim with an NCPDP Error Code of 75 "Prior Authorization Required" or 76 "Plan Limitations Exceeded."

### **Effective Thursday, January 2, 2025:**

**Claims will reject with NCPDP Error 75 "Prior Authorization Required" with transaction message "OCC3 Claim Over Allowable Limit" when**

- The primary insurer rejects the claim with any of the following NCPDP Error Codes:
  - o 75 "Prior Authorization Required"
  - o 76 "Plan Limitations Exceeded"
  - o 70 "Product Service Not Covered"

### **AND**

- The U&C amount is greater than or equal to \$1,000

### **OR**

- The claim rejects with the primary Error Codes above, is submitted with any U&C, **and** is for the following medications: **Apixaban, Dapagliflozin, Evolocumab, Dulaglutide, Liraglutide, Semaglutide, or Tirzepatide.**

Providers may call **Provider Services** at **1-800-835-4080** in response to this rejection or with any questions. Please inform the PACE representative immediately upon calling that they received an "OCC3 Claim Over Allowable Limit" rejection so that their call can be directed to the appropriate team.

A **"1 Time"** Medical Exception will be entered **if** no previous "OCC3 Claim Over Allowable Limit" overrides have been placed for the same medication.

Following this Medical Exception and before the next dispensing date, a Provider Representative will: Inform the prescribing physician of the need for a prior authorization with the cardholder's primary insurance or that the medication needs to be changed to a medication on the primary insurance formulary list.

### **IMPORTANT:**

- The **"1 Time"** Medical Exception will **NOT** be repeated or extended without action from the prescriber to resolve the primary insurance rejection.
- If the PACE Cardholder does not have primary RX coverage and you receive an "OCC3 Claim Over Allowable Limit" rejection, you must:
  - o Resubmit the claim with PACE as the primary payer (OCC=1).
  - o If a "Bill Primary Payer" rejection is received upon resubmission as an OCC-1 claim, PACE will electronically transmit the correct other coverage information to be utilized.