RAdvance

RXADVANCE
136 Turnpike Rd
Southborough, MA 01772

BIN 020545 PAYER SHEET REFERENCE KEY

The following are the ***mandatory*** fields required to process a claim

Processing a Retail Claim

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
RXBIN	1Ø1-A1	BIN Number: 020545
RXPCN (Processor Control Number)	1Ø4-A4	***Please reference end of document**
RXGRP	3Ø1-C1	***Please reference end of document**
Date of Service	4Ø1-D1	Date of Service: MM/DD/YYYY
Service Provider ID	2Ø1-B1	Pharmacy National Provider ID
Patient Name	31Ø-CA, 311-CB	Member First, Last Name
Date of Birth	3Ø4-C4	Member Date of Birth: MM/DD/YYYY
Prescription/Service Reference Number	4Ø2-D2	Prescription #
Date Prescription Written	414-DE	Date of Prescription: MM/DD/YYYY
Quantity Dispensed	442-E7	Quantity
Days Supply	4Ø5-D5	Number of Days
Prescriber ID	411-DB	Doctor's National Provider ID (NPI)
Product/Service ID	4Ø7-D7	National Drug Code (NDC)
Ingredient Cost Submitted	4Ø9-D9	Cost of Ingredient

Processing a Claim for a Dual Member (Claim Segment and *Coordination of Benefits Segment*)

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
Other Coverage Code (This field alone can be found in the Claim Segment)	3Ø8-C8	Ø - Not specified by patient 1 - No other coverage 2 - Other coverage exists payment collected 3 - Other coverage billed – claim not covered 4 - Other coverage exists – payment not collected 8 - Claim is billing for patient financial responsibility only
Coordination of Benefits/Other Payments Count (COB Section)	337-4C	Count > 0
Other Payer Coverage Type (COB Section)	338-5C	Primary, Secondary, etc.
Other Payer ID Qualifier (COB Section)	339-6C	Ø3 - BIN Number
Other Payer ID (COB Section)	34Ø-7C	Primary Payer BIN
Other Payer Amount Paid Count (COB Section)	341-HB	Required if Other Payer Amount Paid Qualifier (342-HC) is used
Other Payer Amount Paid (COB Section)	431-DV	Required if other payer has approved payment for some/all of the billing
Other Payer Reject Count (COB Section)	471-5E	Required if Other Payer Reject Code (472-6E) is used
Other Payer Reject Count (COB Section)	472-6E	Required when this prior payer has REJECTED the claim to indicate the reason for the rejection. Fill in 471-5E first.
Other Payer-Patient Responsibility Amount Count (COB segment)	353-NR	1 - Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used. Note: This is NOT the OCC code. The values for OCC (3Ø8-C8) in Claim Segment vary.

RXADVANCE
136 Turnpike Rd
Southborough, MA 01772

Other Payer-Patient Responsibility Qualifier (COB segment)	351-NP	Required if Other Payer-Patient Responsibility Amount (351-NQ) is used.
Other Payer-Patient Responsibility Amount (COB segment)	352-NQ	Required, if necessary, for patient financial responsibility or primary copay billing. (OCC 8) Required, if necessary, for state/federal/regulatory agency programs.

Processing a Claim for a *MIC* (Multi Ingredient Compound) Drug (Claim Segment)

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
Product/Service ID (Claim Segment)	4Ø7-D7	Ø
Submission Clarification Code (Claim Segment)	42Ø-DK	8 (for the formulary ingredient to pay)
Compound Code (Claim Segment)	4Ø6-D6	1 - Not a Compound 2 - Compound
Compound Type (Claim Segment)	996-G1	Select from Ø1, Ø2, Ø3, etc.
Compound Dosage Form Description Code	45Ø-EF	Select from Ø1, Ø2, Ø3, etc.
Compound Dispensing Unit Form Indicator	451-EG	1 - Each 2 - Grams 3 - Milliliters
Compound Ingredient Component Count	447-EC	Count >= 2
Compound Product ID	489-TE	NDCs, at least 1 formulary ingredient

Pharmacies Submitting Claims for *Long Term Care (LTC)* Services Only

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
Patient Residence	384-4X	Ø - Not Specified 1 - Home 2 - Skilled Nursing Facility 3 - Nursing Facility 4 - Assisted Living Facility 5 - Custodial Care Facility 6 - Group Home 9 - Intermediate Care Facility/Mentally Retarded 11 - Hospice 15 - Correctional Institution
Pharmacy Service Type	147-U	5 - Long Term Care Pharmacy Services

Pharmacies Submitting Claims for *Mail Order* Services

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
Pharmacy Service Type	147-U	6 - Mail Order Pharmacy Services

RAdvance

RXADVANCE
136 Turnpike Rd
Southborough, MA 01772

Pharmacies Submitting *340B Claims*

TRANSACTION HEADER SEGMENT	NCPDP FIELD #	INPUT VALUE
Submission Clarification Code Count	354-NX	1 - Required if Submission Clarification Code (42Ø-DK) is utilized Note: This is NOT the SCC code. You may increase the input value if multiple SCC codes are needed in conjunction, etc. Disaster SCC 13.
Submission Clarification Code	42Ø-DK	2Ø - 34ØB indicates that, prior to providing service, the pharmacy has determined the product being billed is purchased pursuant to rights available under section 34ØB of the Public Health Act of 1992
Basis of Cost Determination	423-DN	Ø8 - Required when submitting a section 34ØB Cost

The Following Fields Must Match the Paid Claim for a Claim Reversal to Go through Successfully:

- Service Provider ID
- Prescription/Service Reference Number
- Member ID (can be left blank if unknown)
- Date of Service
- NDC
- Quantity Dispensed & Days Supply
- MIC reversals only pay for formulary ingredient

Contact Details:

- Complete guide on NCPDP fields with other 'Situational'/'Required When Known' fields: https://www.nirvanahealth.com/wp-content/uploads/resources/pharmacy/BIN-020545-Payer-Sheet.pdf
- Pharmacy Helpdesk: Please reference tables below
- Claim Rejection Issues: claimsissues@rxadvance.com
- Contracting and Payments: pharmacynetworkcontracting@rxadvance.com
- Credentialing: credentialing@rxadvance.com
- MAC Appeals: macappeals@rxadvance.com

RXADVANCE
136 Turnpike Rd
Southborough, MA 01772

***PLAN START DATES* and *CLAIM INFORMATION* to be submitted on claims:**

Line of Business: Medicaid

HEALTH PLAN	STATE	PLAN START DATE	PLAN TERM DATE	PCN	RXGROUP/ GROUP ID	PHARMACY HELPDESK
Magnolia Health - Medicaid	MS	11/1/2018	10/1/2023	RXA371	RXGMSSTD	800-671-2276