UnitedHealthcare Community Plan of New Jersey
Update on Pharmacy Billing Instructions for Coordination of Benefits Submission

Effective April 15, 2019, UnitedHealthcare Community Plan of New Jersey will implement system enhancements to improve the submission of Medicaid pharmacy claims when the patient has a third-party coverage. These changes are being made to ensure that all values in specified fields are recognized and function appropriately.

Coordinating benefits ensures the correct party pays first. Medicaid is always the payer of last resort; federal regulations require that all other available resources be used before Medicaid considers payment. If there is a responsible third-party that should be paying for the patient’s health benefits, such as a health insurance provider, the responsible third-party should pay first.

The updates below will be made to the specified values submitted in field 308-C8 when the Other Coverage Code of "3" is submitted. The following codes will not be accepted in NCPDP field 472-6E, ‘Other Payer Reject Codes’ and will not be allowed to be returned on a claim.

Invalid Entries for field 472-6E are:

- 40 (Pharmacy Not Contracted)
- 50 (Non-Matched Pharmacy Nbr)
- 75 (Prior Authorization Required)
- 76 (Plan Limitations Exceeded)
- 79 (Refill too Soon)
- 88 (DUR Reject Error)

NCPDP Reject Code 13 - M/I Other Coverage Code will be returned on the claim along with a message to resolve claims with the primary payer and resubmit if one of these values are used.

The provider must work with the primary insurance to obtain coverage for the member. This could involve prior authorization requirements, appeal processes or changes to medications ordered to align with the primary plans formulary products, etc.

<table>
<thead>
<tr>
<th>Name of Processor</th>
<th>OptumRx</th>
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<tbody>
<tr>
<td>Bank Identification Number (BIN)</td>
<td>610494</td>
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<tr>
<td>Processor Control Number (PCN)</td>
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<tr>
<td>Submitted Group (Group)</td>
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</tbody>
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To view payer sheets, visit: https://professionals.optumrx.com/resources/payer-sheets.html. To reduce processing errors, please confirm the information on member’s ID card prior to submitting prescription claims.

Should you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk for UnitedHealthcare Medicaid plans at (855) 873-3493 (24 hours a day, 7 days a week).