

## New Hampshire AIDS Drug Assistance Program (ADAP) Pharmacy Program Primary TPL Payer Processing

Dear Provider:

If you receive a NCPDP-41 denial to “Submit bill to other processor or primary payor” the primary TPL Payer **ID Qualifier** and **Payer ID** codes are required to process claims for New Hampshire ADAP as secondary payer. Please continue to your additional COB field where the other payer **ID Qualifier** and **Payer ID** required must be entered.

Please find below the Other Payer ID Qualifier and the Other Payer ID’s that should be used in these fields based on the coverage type of the primary payer.

The required Third-Party Liability Other **Payer ID** codes (NCPDP Field # 340-7C) must be submitted using 10 bytes.

Other Payer ID Qualifier	Other Payer ID	Description
99	0000000088	Other Payer ID for Medicare Part B
99	0000008888	Other Payer ID for Medicare Part D
99	0000000099	Any other coverage

If you are unable to locate the other payer **ID Qualifier** and/or **Payer ID fields** in the pharmacy system, please reach out to your internal company Help-desk.

Please contact our support center for additional information or questions:

NH ADAP Support Center Toll-Free Number: **1-800-424-7901**

This information is also available on the MagellanRx website for NH ADAP at:

[https://nhadap.magellanmedicaid.com/docs\\_providernotices.asp](https://nhadap.magellanmedicaid.com/docs_providernotices.asp)