

Illinois Medicaid
Aetna Better Health
Hospital Discharge Overrides

RXBIN: 610591

RXPCN: ADV

RXGRP: RX8820

As a reminder, if your pharmacy receives a reject for a patient who was recently discharged from the hospital (within 72 hours), please call the CVS/caremark Pharmacy Help Desk at 1-855-364-2973 to request an override.

RXBIN	Submit claims to Bank Identification Number (RXBIN) 610591
RXPCN	Use RXPCN ADV
RXGRP	Use the RXGRP number RX8820
Cost-share	➤ Please rely on the claims system to determine the correct amount to collect from the plan member. ➤ Per Federal Medicaid law at 42 U. S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the patient pay amount.
Pharmacy Help Desk	1-855-364-2973
Prior Authorization	1-866-212-2851
Eligibility Verification	1-866-212-2851
Region	Illinois

For additional claim processing information, refer to the NCPDP Version D.0 payer sheets at: www.caremark.com/pharminfo or www.caremark.com > For Pharmacists and Medical Professionals (lower left) > NCPDP Payer Sheets.

If you have any questions, please call the Pharmacy Help Desk at 1-855-364-2973