

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS BR201452 DECEMBER 30, 2014

IHCP revises claims process for pharmacy services to members eligible for emergency benefits only

Indiana Health Coverage Programs (IHCP) coverage for certain members is limited to treatment of emergency medical conditions only. These members are eligible for Package E: Emergency Services Only benefits. See [Chapter 2: Member Eligibility and Benefit Coverage](#), Section 4, of the *IHCP Provider Manual* for more detailed information about this coverage category.

Effective February 1, 2015, pharmacy services rendered to members with Package E: Emergency Services Only will be reimbursable through the paper claim process only. Electronic point-of-sale (POS) pharmacy claims will no longer be accepted. This change applies to dates of service on or after February 1, 2015. Beginning February 1, 2015, claims submitted POS will receive the following denial message: *Emergency services plan, complete and mail claim form.*



Pharmacy claims for members with Package E: Emergency Services Only must be submitted using the [IHCP Drug Claim Form](#) or the [IHCP Compounded Prescription Claim Form](#), as appropriate. These forms are available under the [Pharmacy Services](#) quick link at indianamedicaid.com (Pharmacy Services > PA Criteria and Administrative Forms). Claim forms must be completed as directed in *IHCP Provider Manual Chapter 2*. These instructions are reiterated in Table 1 for your reference.

Table 1 – Pharmacy Claim Form Instructions for Package E: Emergency Services Only members

Claim Form	Location
IHCP Drug Claim Form	Field Number 03: EMERGENCY Enter YES for emergency services. Field Number 11: DAYS SUPPLY Days supply must be less than 5 for emergency services
IHCP Compounded Prescription Claim Form	Field Number 04: EMERGENCY Enter YES for emergency services. Field Number 13: DAYS SUPPLY Days supply must be less than 5 for emergency services

Prescription coverage for Package E members is limited to prescriptions written during the course of a covered emergency medical service. Coverage is limited to a maximum of a four-day supply of the prescribed drug. Prospective drug utilization evaluation will be performed for the drug listed on the claim form.

Please direct any questions to the Catamaran Clinical and Technical Help Desk by calling toll-free 1-855-577-6317.

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