## IHCP banner page

INDIANA HEALTH COVERAGE PROGRAMS

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## IHCP requires alignment of Patient Gender Code and Pregnancy Indicator on pharmacy claims

The Indiana Health Coverage Programs (IHCP) requires inclusion of a *Patient Gender Code* (field 305-C5) on all feefor-service (FFS) pharmacy claims. See Table 1 for a list of valid *Patient Gender Code* values.

Value	Description
0	Not Specified/Unknown
1	Male
2	Female

Table 1 -	Valid Patient	Gender Code	e values (field 305-C5)	
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Effective for dates of service (DOS) on or after January 1, 2017, the IHCP will reimburse FFS pharmacy claims submitted with a *Pregnancy Indicator* (field 335-2C) of "2 – Pregnant" only if the *Patient Gender Code* is "2 – Female." All claims submitted with a *Patient Gender Code* other than "2 – Female" combined with a *Pregnancy Indicator* of "2 – Pregnant" will be rejected. The *Pregnancy Indicator* is used to notify the payer that the member is pregnant, and thus excluded from the copayment requirement.

It is the responsibility of the pharmacist or pharmacy dispensing the prescription or adjudicating the claim to ensure that the *Patient Gender Code* and *Pregnancy Indicator* fields are populated correctly. The use of these fields in claims adjudication is subject to pharmacy audit.

Please direct questions about this article to the OptumRx Clinical and Technical Help Desk by calling toll-free 1-855-577-6317. Questions regarding pharmacy claims for members in the Healthy Indiana Plan (HIP), Hoosier Healthwise, and Hoosier Care Connect programs should be referred to the managed care entity with which the member is enrolled.

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