



Reminder: Medicaid Fee-for-Service (FFS) Emergency Services Only Coverage

Medicaid FFS does **not** reimburse all covered drugs for patients whose coverage is deemed as “emergency services only,” category of eligibility (COE) 07.

Medicaid coverage may be available for care and services that are necessary for the treatment of an emergency medical condition. In accordance with federal regulation 42 CFR 440.255 (c), Medicaid coverage is available for emergency services (including emergency labor and delivery) required after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- (a) placing the patient’s health in serious jeopardy;
- (b) serious impairment to bodily functions; or
- (c) serious dysfunction of any bodily organ or part.

A list of covered medications for emergency services only/category of eligibility 07 can be found at: http://www.health.ny.gov/health_care/medicaid/redesign/mrt_phase_3.htm.

Medications not on the covered list for this coverage category will reject (depending on your software) with “recipient ineligible.” Please note that obtaining a *clinical* PA from the Magellan Call Center does **not** supersede the requirement to obtain approval from NYS Medicaid for each drug not included on the covered medications list. **Pharmacies should not attempt to override these rejections on their own, including any overrides in the submission clarification code field. All non-approved overrides are subject to recovery of payment.**

Exception/override requests for drugs systematically denied for this category of service MUST be formally approved by the Department of Health.

Approval Procedure: The prescribing practitioner must provide a letter of medical necessity and supporting clinical documentation demonstrating that the request meets the federal requirements for emergency medical services. The letter of medical necessity must contain: 1) the specific medications(s), 2) the dose, and 3) the duration. These documents must be submitted either through email to ppno@health.ny.gov (title request “emergency services only,”) or fax to 518-473-5508, for review by a Medical Director. **Submission of such a request does not guarantee approval.**

If a medical necessity request is approved by the Department, a Department staff member will contact the enrollee’s preferred pharmacy to advise as to what specific drug(s) are approved, the duration of approval, and how to process the claim(s). Additionally, a notice on official letterhead will be faxed to the pharmacy as documentation to support the approved usage of the override code for the specifically approved medications. **It is expected that the pharmacy will maintain the notice in its files as documentation in the event of an audit. The absence of documentation to support the exception/override may result in the recovery of payments.**

Please note:

- Short acting narcotics should only be written for **an emergency 5 day supply.**
- HIV prophylaxis therapy following occupational exposure and non-occupational exposure can also be obtained via an exception process by following the procedure above.

For policy questions, please e-mail the NYS Medicaid Pharmacy mailbox at: ppno@health.ny.gov, or call **(518) 486-3209**. For questions on performing eligibility requests on ePACES, providers may contact Computer Sciences Corporation at (800)343-9000. Providers may also consult MEVS at (800) 997-1111.