

Provider Update
Medicaid Fee-for- Service (FFS) Emergency Services Coverage

Medicaid FFS does **not** reimburse all covered drugs for patients whose coverage is deemed as “emergency services only”.

Medicaid coverage may be available for care and services that were necessary for the treatment of an “emergency medical condition”. Per federal regulation the term emergency medical condition is defined as a medical condition (including emergency labor and delivery) 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.”

Patients whose drug coverage is limited may receive a pharmacy reason response of “Patient is Not Covered”, for drugs that do not meet the definition of “emergency medical condition”. Providers can then verify if a patient has coverage for “emergency services only”, based on the reason response, by performing an eligibility request on ePACES; found under the eMedNY Tools Center at: <https://www.emedny.org/index.aspx> . The Eligibility Response for these patients will return, "emergency services only".

Provided below is general guidance of therapeutic classes included in emergency services coverage. More detailed drug information will be provided by the Department in an upcoming communication.

List of therapeutic classes covered for “emergency services only” - (Updated 4/05/13):

Therapeutic Class Description
ANTICOAGULANTS/ANTAGONISTS - INJECTABLE
NARCOTIC AGONIST ANALGESICS/NARCOTIC COMBOS- *SHORT ACTING ONLY
NARCOTIC AGONIST/ANTAGONISTS- *SHORT ACTING ONLY
SHORT ACTING SYMPATHOMIMETIC-AEROSOL INH
SYMPATHOMIMETIC- ORAL, INHALATION SOLUTION, INJECTABLE
INHALED ANTICHOLENERGICS
ANTIFUNGALS
ANTIVIRALS-OTHER THAN FOR HIV

ANTIMYCOBACTERIALS
URINARY ANTI-INFECTIVES
ANTIMALARIALS
AMEBICIDES
ANTIHELMINTICS
ANTI-TRICHOMONAL/TRYPANOSOMALS
SCABICIDES/PEDICULICIDES
OXAZOLIDINONES
PEN.V/PEN.G
PENICILLINASE RESIST.PENICILLIN
EXTENDED SPECTRUM PENICILLIN
TETRACYCLINES
CHLORAMPHENICOLS
1 ST -5 TH GENERATION CEPHALOSPORINS
MACROLIDES/LINCOSAMIDES
AMINOGLYCOSIDES
SULFONAMIDES
FLUROQUINOLONES
MISC. ANTIBACTERIALS- VANCOMYCIN, CARBAPENEMS, BETALACTAMS, GLYCYLCYCLINES ETC.

***Short acting narcotics should only be written for an emergency 5 day supply**

Note: HIV prophylaxis therapy following occupational exposure & non occupational exposure (sexual assault) can be obtained via an exception process by following the procedure below.

Override Requests: Exception/override requests for medical necessity for “emergency services only,” should be sent to the ppno@health.state.ny.us or faxed in to 518-473-5509, for review by a Medical Director.

For questions on this policy providers may e-mail the pharmacy mailbox at: ppno@health.state.ny.us, or call (518) 486-3209. For questions on performing eligibility request on ePACES, providers may contact Computer Sciences Corporation at (800)-343-9000.