

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

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OCTOBER 29, 2026

IHCP updates Emergency Services Only billing requirements

The Indiana Health Coverage Programs (IHCP) is updating the requirements for billing Emergency Services Only (ESO) coverage for qualifying non-U.S. citizens enrolled in ESO Coverage with Pregnancy Coverage (Package B) or Emergency Services Only (Package E).

Beginning Nov. 30, 2026, fee-for-service (FFS) professional claims (CMS-1500 claim form or electronic equivalent) must be reported with **both** of the following:

- An approved diagnosis in the primary position for emergency or labor and delivery services
- The emergency indicator field marked on the claim for each service detail



Emergency services include unscheduled episodic services provided to individuals who require immediate medical attention. An emergency service is a service provided to a member after the sudden onset of an emergency medical condition.

As defined by *Indiana Administrative Code 405 IAC 5-2-9* and *United States Code 42 USC 1395dd(e)(1)*, an emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

For more information, see the [Emergency Services](#) provider reference module at in.gov/medicaid/providers.

QUESTIONS

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