

# Apple Health Emergency Fill Policy

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## What is an emergency fill?

**Emergency fill** means that the dispensing pharmacist used their professional judgment to meet a client's urgent medical need and is willing to dispense the medication to the client prior to receiving reimbursement from HCA.

## How do I submit for an emergency fill?

HCA guarantees payment on claims meeting the emergency fill policy. If the dispensing pharmacist decides the client has an urgent medical need:

- Determine the quantity necessary to meet the client's urgent medical need (up to a 34-day supply).
- Dispense the medication to the client.
- Document on the prescription or member record that the emergency fill code was used, the pharmacist's initials and date of use.
- Bill the emergency fill by entering a value of 13 in the NCPDP field 420-DK submission clarification code and the submission clarification code count in field 354-NX.
- Request an authorization for future fills, if applicable. Prior authorization requirements will be applied to future fills of the same medication.

## How do I request prior authorization?

To request a prior authorization, call 1-800-562-3022 ext. 15483 or fax a [Pharmacy Information Authorization form](#) (13-835A) to 833-991-0704.

## Questions?

Email questions to [Apple Health Pharmacy](#)