



February 2022

**Policy and Billing Guidance for At Home COVID-19 Testing Coverage**

Effective December 13th, 2021, NYS Medicaid will cover COVID-19 diagnostic and screening tests with “at home” sample collection for reimbursement with no member cost sharing. Coverage will be provided for Over-the-Counter (OTC) FDA-authorized COVID19 test kits, that are used in accordance with the Centers for Disease Control and Prevention (CDC) recommendations, for antigen detection.

**Policy for Coverage:**

- Covered “at home” test kits must be authorized by the FDA for use in both symptomatic and asymptomatic patients and allow for self-collection without medical observation.
- Two (2) OTC tests per week—up to eight (8) tests in a 30-day period (one kit may contain two tests). No prescription is needed.
- For quantities greater than eight tests in a 30-day period, a prescription from a Medicaid-enrolled practitioner is required. Refills will not be allowed.

<b>NCPDP D.O. Claim Segment Field</b>	<b>Value</b>
436-E1 (Product/Service ID Qualifier)	Enter a value of <b>03</b>
407-D7 (Product/Service ID)	Enter the 11-digit NDC
411-DB (Prescriber ID)	Enter the Pharmacist National Provider Identifier (NPI) number

Pharmacies may bill using the National Drug Codes (NDCs) provided, which have been derived by using the Universal Product Code (UPC). The test kits that are eligible for coverage are listed below. As more products become available this guidance will be updated.

Subject to change, the following are NDCs covered under this program:

<b>Test Name</b>	<b>OTC/Rx</b>	<b>NDC (Product Service ID)</b>
BinaxNOW COVID-19 Antigen Self- Test	OTC	11877-0011-40
QuickVue At-Home COVID-19 Test	OTC	14613-0339-72
InteliSwab COVID-19 Rapid Test	OTC	08337-0001-58
CareStart COVID-19 Antigen Home Test	OTC	50010-0224-31
iHealth COVID-19 Antigen Rapid Test	OTC	56362-0005-89
Flowflex COVID-19 Antigen Home Test	OTC	82607-0660-26
Flowflex COVID-19 Antigen Home Test	OTC	82607-0660-27