



ADVISORY

No. 260

April 11, 2024

COVID-19 Home Test Kit Coverage (2024 UPDATE)

This Advisory is an update to Advisory 251.

Please note that this will be the last published update identifying which COVID-19 Home Test Kits are covered. Going forward, Maryland Medicaid will update coverage when new products that meet requirements are identified, without issuing notification to pharmacies.

Testing is vitally important to help reduce the spread of Coronavirus-2019 (COVID-19) and to diagnose COVID-19 quickly so that it can be effectively treated. Over-the-Counter (OTC) diagnostic SARS-CoV-2 antigen tests for home use are convenient, efficient, and accurate in rapidly detecting the presence of certain proteins on the surface of the virus that causes COVID-19.

This Advisory applies to Participants enrolled in the Maryland Fee-for-Service (FFS) program and Participants enrolled in Managed Care Organizations (MCOs) that participate in the Maryland HealthChoice Program.

Effective September 11, 2023, Maryland Medicaid Fee-For-Service (FFS) expanded access to Food and Drug Administration (FDA) Emergency Use Authorized (EUA) and/or FDA authorized a OTC COVID at-home tests for Maryland Medicaid Participants.

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Maryland Department of Health (MDH) Office of Pharmacy Services (OPS) has developed the **Maryland Medicaid Pharmacy Program Advisory**.

To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations.

It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via MDH, please contact the OPS representative at 410-767-1455.

Maryland Medicaid covers a maximum of four tests every rolling 30 days. Tests may be selected from the list in the Table 2 and mixed and matched between kits for a total of four tests. Coverage of additional test kits exceeding the quantity limit described above will require prior authorization. Participant copayment will not apply. Table 2 has been updated with the current FDA Authorized and/or FDA Approved OTC COVID at-home tests as of April 11, 2024.

The ninth amendment to the COVID 19 PREP Act Declaration provides liability immunity to **licensed pharmacists** and expands the scope of authority for them to order and administer select COVID 19 therapeutics to populations authorized by the FDA. If the participant does not have an order from a prescriber, prior to ordering an OTC COVID-19 at-home test, the pharmacist shall gather and document the following information and retain it in the record just as any other prescription:

- a. Participant’s Name and Date of Birth,
- b. Participant’s Medicaid Identification number,
- c. Reason for a test (such as COVID-like symptoms, COVID exposure), and
- d. Date of symptom onset or date of known COVID exposure, as appropriate

Pharmacies shall utilize the following billing instructions (Table 1) when submitting claims for the test kits.

Table 1 - FFS Pharmacy NCPDP Billing¹ for OTC COVID-19 At-Home Test Kits:

NCPDP D.0. Claim Segment Field	Value
436-E1 (Product/Service ID Qualifier)	Enter a value of "03" (NDC)
407-D7 (Product/Service ID)	Enter one applicable NDC from Table 2
411-DB (Prescriber ID)	Enter Prescriber National Provider Identifier (NPI) number During a the federal Public Health Emergency, the Service Provider ID (2Ø1-B1) may be submitted as for qualifying COVID 19 related products

¹ More details on the COVID-19 OTC diagnostic SARS-CoV-2 antigen tests for home payer sheet is available under Payer Specific Information at:

<https://www.mdhrxprograms.com/webportal/#/publicFacing>

Table 2 - OTC COVID-19 At-Home Covered Tests² and Reimbursement

NDC	Drug Name	Test Count (Package Count)	Billing Unit	Reimbursement³
81794033104	ADVIN COVID-19 ANTIGEN TEST @HOME	1	1	\$ 10.00 + PDF
08290256094	BD VERITOR AT-HOME COVID19	2	2	\$ 20.00 + PDF
11877001133	BINAXNOW COVID AG CARD HOME TEST	1	1	\$ 10.00 + PDF
11877001129	BINAXNOW COVID-19 AG CARD	1	1	\$ 10.00 + PDF
11877001140	BINAXNOW COVID-19 AG SELF TEST	2	2	\$ 20.00 + PDF
50010022431	CARESTART COVID-19 AG HOME TEST	2	2	\$ 20.00 + PDF
50010022432	CARESTART COVID-19 AG HOME TEST	4	4	\$ 40.00 + PDF
06121076323	CELLTRION DIATRUST COV-19 HOME TEST	2	2	\$ 20.00 + PDF
50042055907	CORDX COVID-19 AG HOME TEST	2	2	\$ 20.00 + PDF
50042055912	CORDX COVID-19 AG HOME TEST	2	2	\$ 20.00 + PDF
00111070752	COVID-19 AT-HOME TEST	1	1	\$ 10.00 + PDF
00111070772	COVID-19 AT-HOME TEST	4	4	\$ 40.00 + PDF
10040082001	CUE COVID-19 CARTRIDGE READER	1	1	\$ 10.00 + PDF
10040082003	CUE COVID-19 HOME TEST	3	3	\$ 30.00 + PDF
10040082004	CUE COVID-19 HOME TEST	1	1	\$ 10.00 + PDF

² As more products become available, this guidance will be updated.

³ PDF (Professional Dispensing Fee as defined in COMAR 10.09.03.07)

NDC	Drug Name	Test Count (Package Count)	Billing Unit	Reimbursement³
50428052130	CVS COVID19 AT-HOME TEST	2	2	\$ 20.00 + PDF
56964000000	ELLUME COVID-19 HOME TEST	1	1	\$ 10.00 + PDF
10022063035	FASTEP COVID-19 AG HOME TEST	2	2	\$ 20.00 + PDF
10022063036	FASTEP COVID-19 AG HOME TEST	4	4	\$ 40.00 + PDF
10022063041	FASTEP PEN TEST 1 PACK	1	1	\$ 10.00 + PDF
10022063042	FASTEP PEN TEST 2 PACK	2	2	\$ 20.00 + PDF
10022063031	FASTEP CASSETTE TEST 1 PACK	1	1	\$ 10.00 + PDF
10022063035	FASTEP CASSETTE TEST 2 PACK	2	2	\$ 10.00 + PDF
82607066026	FLOWFLEX COVID-19 AG HOME TEST	1	1	\$ 10.00 + PDF
82607066027	FLOWFLEX COVID-19 AG HOME TEST	2	2	\$ 20.00 + PDF
60008095486	GENABIO COVID-19 RAPID AT-HOME TEST	1	1	\$ 10.00 + PDF
60008095487	GENABIO COVID-19 RAPID AT-HOME TEST	2	2	\$ 20.00 + PDF
11877001126	ID NOW COVID-19 TEST KIT	1	1	\$ 10.00 + PDF
56362000589	IHEALTH COVID-19 AG RAPID TEST	2	2	\$ 20.00 + PDF
08337000158	INTELISWAB COVID-19 RAPID TEST	2	2	\$ 20.00 + PDF
10055097004	LUCIRA CHECK-IT COVID HOME TEST	1	1	\$ 10.00 + PDF
60006037840	MIDASPOT COVID19 ANTIBODY TEST	1	1	\$ 10.00 + PDF
09115090462	OHC COVID-19 ANTIGEN HOME TEST	2	2	\$ 20.00 + PDF
60006019166	ON-GO COVID-19 AG AT HOME TEST	2	2	\$ 20.00 + PDF
60007093040	ON-GO COVID-19 AG AT HOME TEST	1	1	\$ 10.00 + PDF

87473000020	PILOT COVID-19 AT-HOME TEST	4	4	\$ 40.00 + PDF
14613033972	QUICKVUE AT-HOME COVID-19 TEST	2	2	\$ 20.00 + PDF
14613033937	QUICKVUE SARS ANTIGEN TEST	1	1	\$ 10.00 + PDF
55636000372	RAPID SARS-COV-2 AG HOME TEST	2	2	\$ 20.00 + PDF
14613033908	SOFIA SARS ANTIGEN FIA TEST	1	1	\$ 10.00 + PDF
74012067713	SPEEDYSWAB COVID-19 HOME TEST	1	1	\$ 10.00 + PDF
74012067714	SPEEDYSWAB COVID-19 HOME TEST	2	2	\$ 20.00 + PDF
74012067715	SPEEDYSWAB COVID-19 HOME TEST	4	4	\$ 40.00 + PDF