



Medicare & Commercially-Insured OTC COVID-19 Tests

Frequently Asked Questions (FAQ)

Starting January 15, 2022, the [federal government requires](#) that **commercial health insurance** companies pay for at-home COVID-19 tests to remove financial barriers and expand access to COVID-19 testing across the United States in an effort to fight the pandemic.

Here is a summary of the plan:

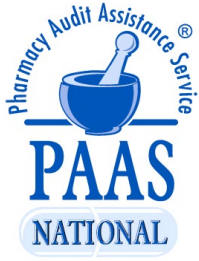
- New requirement applies to commercial/private insurance only – NOT Medicare or Medicaid
- OTC COVID-19 diagnostic test must be authorized, cleared, or approved by the FDA (see FDA list [here](#) and PAAS' list of Product Identifiers)
- Insurance companies and health plans are required to cover 8 free OTC at-home tests per covered individual per month (up to \$12 per test) for tests purchased after January 15, 2022, at network pharmacies or retailers
- OTC tests may be covered up front at point-of-sale or patients may need to get reimbursed by submitting receipts on their own (not all plans will reimburse at point-of-sale)
- OTC tests for employment purposes or travel are NOT required to be covered
- There is theoretically NO LIMIT on the number of tests that are covered if ordered or administered by a health care provider

Starting April 4, 2022, CMS will cover OTC COVID-19 tests for **Medicare** patients at no charge until the end of the Public Health Emergency.

Here are some details:

- Eight (8) OTC COVID-19 tests are covered per patient per calendar month
- No prescription is required
- Providers must be enrolled as a Fee for Service Medicare Part B Provider (not Supplier)
- Pharmacies should only dispense pursuant to a patient request
- HCPCS code K1034 is used to bill for 1 test
- Submit NPI number used when billing for COVID-19 vaccines (Pharmacist Type 1 or Pharmacy Type 2)
- Claims to Medicare are NOT adjudicated in real-time and Providers should ensure that patients have not previously received OTC tests in the same calendar month
- Claims are only paid when submitted by a Provider, patients will not be reimbursed if they buy as OTC items and seek reimbursement
- Reimbursement is lesser of (i) Usual & Customary or (ii) \$12 per test, with no geographic adjustments

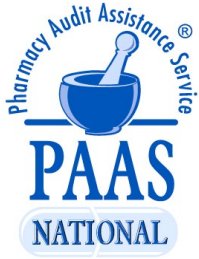
There are additional details posted for both [providers](#) and [patients](#) as of April 4, 2022.



Medicare & Commercially-Insured OTC COVID-19 Tests Frequently Asked Questions (FAQ)

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Q1: Do I need a prescription to bill for an OTC COVID-19 test?

A: No, section [6001 of the Families First Coronavirus Aid, Relief, and Economics Security Act \(FFCRA or CARES Act\)](#) specifies that private health plans must cover certain OTC COVID-19 tests obtained without a prescription. Starting on April 4, 2022, CMS will cover tests under the FFS Medicare B benefit.

Q2: Who is the prescriber when I haven't initiated a prescription?

A: Since the emergency order specifies the OTC product does not require a prescription, the Prescriber ID (411-DB) field is not required. In this situation, neither a Prescriber ID nor Prescriber ID Qualifier needs to be sent. However, if the processor requires the submission of a Prescriber ID due to editing rules, NCPDP recommends either the Pharmacist NPI (Type 1) or the Pharmacy NPI (Type 2) with the Prescriber ID Qualifier (466-EZ) of "01" may be submitted as the Prescriber ID. Since a prescription is not required, prescriber enrollment validation should not apply to any prescriber ID value that may be submitted.

Q3: Can a pharmacist create a valid prescription for an OTC COVID-19 test?

A: The [PREP Act](#) gives pharmacists authority to order such tests during the Public Health Emergency (as per April 8, 2020 [HHS Guidance for Licensed Pharmacists](#)).

Q4: Who is the prescriber when the pharmacist has initiated a prescription?

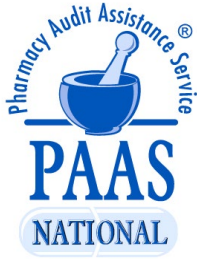
A: For prescriptions initiated by a pharmacy, the pharmacist's Type 1 NPI would be submitted as the Prescriber ID (411-DB) and Prescription Origin Code (419-DJ) would be 5 – Pharmacy.

- If pharmacist NPIs are not included within a payer's prescriber data files used for prescriber ID validation, existing NCPDP guidance indicates that a SCC value of 42 (Prescriber ID Submitted is valid and prescribing requirements have been validated) may be used by payers to override prescriber NPI validation and prescriber enrollment rules.

Q5: What audit risks should I take into consideration?

A: The following considerations should be taken into account when adjudicating claims for OTC COVID-19 tests:

- Do not put refills on prescriptions, subsequent fills should be keyed in as new requests/prescription numbers
- Do not put these prescriptions on auto-refill programs or refill at pre-determined intervals without first obtaining a patient request to fill (consider documenting proof of new/refill request)
- If tests are mailed to patients, PBMs may require the patient pay shipping costs (e.g., Prime Therapeutics)
- Tests covered by commercial payors cannot be used for travel, employment, or resale purposes
- Pharmacies should ensure that patients meet the EUA criteria (e.g., patient is ≥ 2 years of age, when restricted)
- Medicare claims are NOT adjudicated in real-time, and pharmacies are encouraged to ask patients if they have already received test in the current calendar month – utilize an Advance Beneficiary Notice of Noncoverage (ABN) if a patient has already received tests in the current month or cannot remember



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Q6: What documentation should I retain?

A: Whether you're initiating a new prescription or billing without one, PAAS recommends that pharmacies create documentation for your records when billing claims through the pharmacy system.

- Prime Therapeutics has indicated that pharmacies must "verify and document" that patients are not using the tests for employment or resale purposes.
- Express Scripts "reserves the right to implement attestation requirements"
- CMS recommends that providers document patient request and that failure to produce such documentation upon request could lead to recoupment and other administrative actions
- CMS recommends that providers utilize an [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) when patients do not know if they have received 8 tests in the current calendar month already
- See PAAS National® [Medicare and Commercially Insured Patient Request and Attestation for OTC COVID-19 Test Billing](#)

Q7: What's the appropriate days' supply for a test?

A: NCPDP Emergency Preparedness Guidance version 1.13 section 11.14 recommends that days' supply should be submitted as 1 day per test.

- PBMs may implement point-of-sale quantity limits of 8 tests per 30 days such that you may be forced to bill in this ratio (8 per 30, 4 per 15, etc.).
- With a days' supply of 1 per test, be mindful not to exceed the designed limits of 8 tests per 30 days without a prescription. You may not be able to rely on claim adjudication logic to reject early fills.

Q8: Is my pharmacy required to submit claims to PBMs through the pharmacy dispensing system?

A: Varies based on payer.

- For commercial payers, this may be determined based on plan/PBM requirements.
- For Medicare, you must bill claim at point-of-sale as CMS will not reimburse patients for OTC tests purchased.



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Product Identifiers

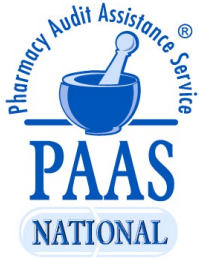
Known Authorized Tests

Brand Name	Product ID 407-D7	Quantity Dispensed 442-E7
BINAXNOW COVID-19 AG CARD HOME TEST	11877-0011-40	2 EA
CARESTART COVID19 AG HOME TEST	50010-0224-31	2 EA
CARESTART COVID19 AG HOME TEST	50010-0224-32	4 EA
CARESTART COVID19 AG HOME TEST	50010-0224-33	10 EA
FLOWFLEX KIT HOME TEST	82607-0660-26	1 EA
FLOWFLEX KIT HOME TEST	82607-0660-27	2 EA
FLOWFLEX KIT HOME TEST	82607-0660-28	5 EA
FLOWFLEX KIT HOME TEST	82607-0660-47	25 EA
IHEALTH COVID-19 AG RAPID TEST	56362-0005-89	2 EA
IHEALTH COVID-19 AG RAPID TEST	56362-0005-90	5 EA
IHEALTH COVID-19 AG RAPID TEST	56362-0005-96	40 EA
QUICKVUE AT-HOME COVID-19 TEST	14613-0339-72	2 EA
QUICKVUE AT-HOME COVID-19 TEST	14613-0339-67	25 EA

Tests PAAS cannot independently confirm are covered under the OTC EUA

Brand Name	Product ID 407-D7	Quantity Dispensed 442-E7
INTELISWAB COVID-19 RAPID TEST	08337-0001-58	2 EA
QUICKVUE AT-HOME COVID-19 TEST	14613-0339-68	5 EA
ELLUME COVID-19 HOME TEST	56964-0000-00	1 EA
ELLUME COVID-19 HOME TEST	50021-0860-01	1 EA
ON/GO COVID-19 ANTIGEN SELF TEST	60006-0191-66	2 EA
COVID-19 AT KIT	00111-0707-52	1 EA
COVID-19 AT KIT	00111-0707-72	4 EA
CLINITEST KIT SELF-TEST	16490-0025-74	5 EA
BINAX NOW COVID KIT HOME TEST	11877-0011-33	1 EA

**List is not inclusive of all products*



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Additional Resources

1. CMS has a frequently asked questions [webpage](#) with information for patients
2. NCPA has a Testing for Coronavirus [webpage](#) that includes additional details
3. NCPDP has [Emergency Preparedness Guidance](#) with additional details
4. [FAQS about Affordable Care Act Implementation Part 51, FFCRA January 10, 2022](#)
5. Medicare
 - [April 4, 2022 Fact Sheet](#)
 - [Over-the-Counter COVID-19 Test Demonstration](#)
6. Alternatively, patients may request 4 free at-home COVID tests shipped to their home from the U.S. Government from www.covidtests.gov

Links to commercial PBM and Insurance Plan websites

PBMs

- [Caremark](#)
- Express Scripts (*Network Bulletin issued by email 01-14-2022*)
- [Humana](#)
- [MedImpact](#)
- [Navitus](#)
- [OptumRx](#)
- Prime Therapeutics (*Network Bulletin issued 01-14-2022*)

Insurance Plans

- [Aetna](#)
- [Cigna](#)
- [UHC](#)