

**\*\* Important Information \*\***

**CoverRx COVID-19**

**New test kit updates effective December 14<sup>th</sup>, 2022**

- **ON/GO COVID KIT ANTIGEN** – Product ID 60006-0191-66 is no longer covered.
- Please see **updated** chart below for a list of covered COVID-19 At-Home tests.

<b>Effective Date: February 1, 2022</b>	
<b>BIN: 001553</b>	<b>PCN: CVRX</b>

**Effective February 1, 2022**, the below COVID-19 Oral antivirals will be added to the CoverRx covered drug list at **zero copay**.

Medication	Quantity Limits
Paxlovid	30 per 5 days, 2 courses per year
molnupiravir	40 per 5 days, 2 courses per year

**Reimbursement**

- At this time, the cost for the COVID-19 Antivirals will be covered by the federal government. Pharmacies should submit ingredient cost of \$0.01 in NCPDP field 409-D9(ingredient Cost Submitted)
- Reimbursement will **not** include additional administration fees.

**Reminders**

- Claims for COVID-19 oral antivirals **are exempt from co-pays and script limits** for all CoverRx enrollees.

**COVID-19 At-Home Test Claim Submission**

**Effective February 1, 2022**, to broaden access to SARS-CoV-2 at-home testing, the Division will begin coverage of rapid at-home tests with Emergency Use Authorization (EUA) through the OptumRx Pharmacy Point of Sale System. The Centers for Medicare and Medicaid Services (CMS) has issued guidance on Medicaid coverage for SAR-CoV-2 testing under the American Rescue Plan Act of 2021 (ARP). ARP SARS-CoV-2 testing includes those tests that are entirely performed at home.

The following is a list of covered COVID-19 At-Home tests that are now eligible for coverage.

EAU Approved Product ID	Product Name	Product Limits
08337-0001-58	INTELISWAB KIT COVID-19	8 tests per month
11877-0011-40	BINAXNOW COV KIT HOME TEST	8 tests per month
14613-0339-72	QUICKVUE HOM KIT COVID-19	8 tests per month
50021-0860-01	ELLUME COV19 KIT HOME TEST	8 tests per month
56964-0000-00	ELLUME COV19 KIT HOME TEST	8 tests per month
82607-0660-26	FLOWFLEX KIT HOME Test	8 tests per month
82607-0660-27	FLOWFLEX KIT TEST	8 tests per month
00111-0707-52	COVID-19 AT HOME TEST KIT	8 tests per month
06121-0763-23	DIATRUST KIT COVID-19	8 tests per month
16490-0025-97	CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST	8 tests per month
50010-0224-31	CARESTART COVID-19 ANTIGEN HOME TEST	8 tests per month
56362-0005-89	IHEALTH COVID-19 ANTIGEN RAPID TEST	8 tests per month
60008-0407-80	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST	8 tests per month
69978-0000-04	CLEARDETECT COVID-19 ANTIGEN HOME TEST	8 tests per month
96852-0254-31	COVID-19 AT HOME ANTIGEN TEST KIT	8 tests per month
96852-0953-00	COVID-19 RAPID SELF TEST KIT 2-PACK	8 tests per month

### Claim Submission

- Pharmacies must follow NCPDP standards and should submit the claim using the NDC of the product being dispensed through the point-of-sale pharmacy claims processing system.
- Test kits may be packaged individually or with multiple test kits in one package; the limit is eight (8) tests per member per month, regardless of how they are packaged [e.g., eight (8) packages containing one test kit or four (4) packages containing two test kits].
- Pharmacists can use the following instructions to bypass the registered prescriber edit:
  - Pharmacists must input the **pharmacy’s National Provider Identifier (NPI) in Field No. 411-DB within the NCPDP Claim Segment**. Thus, the dispensing pharmacy will be identified as the Prescriber when submitting a claim; **AND**
  - **The pharmacy must also submit “42” in the Submission Clarification Code (SCC) field.**
  - Using an SCC of “42” will allow the claim to be adjudicated without a TN Medicaid ID registered prescriber’s NPI.

### Reimbursement

- Reimbursement will be the lesser of U&C or \$12.00 per test.
- Reimbursement will **not** include additional administration fees.
- Pharmacies must submit their **Usual and Customary (U&C) over-the-counter price**. The U&C price that is submitted must be the lowest price that anyone pays in your pharmacy or store for these items.

### Reminders

- It is important to note that requesting claim payments requires reporting of a covered SARS-CoV-2 test kit’s NDC and not its Universal Product Code(UPC).
- Submission Clarification Code of “42” will only work with claims submitted with the covered NDC’s listed above.
- Claims for COVID19 At-Home tests **are exempt from co-pays and script limits** for all CoverRx enrollees