



MVP Medicaid Pharmacy COVID-19 Home Test Billing Guidance

Claim Submission Information

- Pharmacies may bill “at home” test kits for MVP Health Care Medicaid members using the submission information provided in Table 1 and Table 2.
- Test kits that are eligible for coverage are listed in Table 2. The list will be updated as coverage is updated by New York State Department of Health. The most current information is available here: [COVID-19 Guidance for Medicaid Providers \(ny.gov\)](https://www.ny.gov/newsroom/covid-19-guidance-for-medicare-providers)
- A fiscal order by a Medicaid-enrolled provider is required.
- Coverage is limited to one test kit per fiscal order with no refills. They can be ordered with a limit of one test kit per week.

Table 1.

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 the Table 2
411-DB (Prescriber ID)	Enter Prescriber National Provider Identifier (NPI)

Table 2.

Test Name	OTC/RX	Reimbursement	Quantity	NDC
BinaxNOW Covid-19 Antigen Self-Test	OTC	Up to \$25	1 kit (2 tests)	11877-0011-40
QuickVue At-Home COVID-19 Test	OTC	Up to \$25	1 kit (2 tests)	14613-0339-72
InteliSwab COVID-19 Rapid Test	OTC	Up to \$25	1 kit (2 tests)	08337-0001-58
CareStart COVID-19 Antigen Home Test	OTC	Up to \$25	1 kit (2 tests)	50010-0224-31

If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331**.