



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 using the eMedNY formulary search page: [eMedNY : Information : Formulary File](#)
- A fiscal order is **no longer required** for the first eight (8) tests per month. Two (2) OTC tests per claim, with no refills, can be submitted with a limit of two (2) tests per week. Additional tests may be covered with a fiscal order (a request written by a NY Medicaid Enrolled Provider to provide non-prescription drugs or medical/surgical supplies electronically prescribed or written on an Official NYS Prescription form).
- In accordance with 42 C.F.R. § 447.512(b), pharmacies must provide a U&C Price when submitting pharmacy claims for prescription and OTC (nonprescription) items. U&C is defined as the lowest price charged to the general public after all applicable discounts, including promotional discounts and discounted prices associated with loyalty programs.
- When submitting the quantity of tests, the quantity should be reflective of the number of individual tests. If a 2-pack test kit is dispensed, submit the quantity of ‘2’ in the Quantity Dispensed field (NCPDP field # 442-E7).

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)
442-E7 (Quantity Dispensed)	The quantity should be reflective of the number of individual tests. If a 2-pack test kit is dispensed, submit the quantity of ‘2’



Table 2.

Test Name	OTC/RX	Reimbursement	Quantity	NDC
BinaxNOW Covid-19 Antigen Self-Test	OTC	Up to \$24	1 kit (2 tests)	11877-0011-40
QuickVue At-Home COVID-19 Test	OTC	Up to \$24	1 kit (2 tests)	14613-0339-72
InteliSwab COVID-19 Rapid Test	OTC	Up to \$24	1 kit (2 tests)	08337-0001-58
CareStart COVID-19 Antigen Home Test	OTC	Up to \$24	1 kit (2 tests)	50010-0224-31
iHealth COVID-19 AG Rapid Test	OTC	Up to \$24	1 kit (2 tests)	56362-0005-89
Flowflex kit Home Test	OTC	Up to \$12	1 kit (1 test)	82607-0660-26
Flowflex kit Home Test	OTC	Up to \$24	1 kit (2 tests)	82607-0660-27

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