



Over-the-Counter (OTC) COVID-19 At-Home Test Kits Covered for Apple Health (Medicaid) Clients

In partnership with the Washington State Health Care Authority (HCA), Molina Healthcare will be covering over-the-counter (OTC) COVID-19 at-home test kits with or without a prescription for members. An adjudicated pharmacy claim is required for reimbursement of an OTC COVID-19 at-home test kit. Pharmacies must not bill for administration of an OTC COVID-19 at-home test kit; these tests should be used by the patient in the home setting.

To bill the OTC COVID-19 at-home test kits, pharmacies must follow the NCPDP standard and use the national drug code (NDC) or universal product code (UPC) found on the package.

When there is no prescription, Pharmacies must use the following prescriber information:

- Prescriber ID Qualifier (466-EZ): 01
- Prescriber ID (407-D7): 5123456787
- Prescriber last name (427-DR): OTC PRODUCT

If your pharmacy receives the following or similar reject, Reject 56 <<non-matched prescriber ID>> you may submit Submission Clarification Code (SCC) Value '42' (NCPDP field # 420-DK) to override the invalid NPI reject or the Provider can submit the claim with a valid pharmacist's (Type1) NPI.

The following limits apply for OTC COVID-19 at-home test kits billed with or without a prescription:

- A total of twelve (12) tests, per member, per month
- If additional tests are needed Pharmacy providers can submit a prior authorization request to Molina. The Prior Authorization form can be found here:

<https://www.molinahealthcare.com/providers/wa/medicaid/drug/formulary.aspx>

Claims can be processed using single packs (1 test) or multi-pack test kits (2 tests), equaling a total twelve (12) OTC COVID-19 at-home tests per month. As an example:

- 1 Single-pack kit (1 test) – allows twelve (12) kits per calendar month
- 1 Multi-pack kit (2 tests) – allows six (6) kits per calendar month

Pharmacy network participation varies by plan.

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Reimbursement will be the lower of the Usual and Customary Charge (NCPDP field # 426-DQ), Gross Amount Due (NCPDP field # 430-DU), or the applicable reimbursement under the applicable network utilized by the Plan. Providers must submit their Usual and Customary Charge. The Usual and Customary Charge must reflect the lowest price Provider would charge any customer for the same COVID-19 OTC test kit on the same date of service. For the avoidance of doubt, a Provider's Usual and Customary Charge must be the same price as offered to customers who are purchasing a COVID-19 OTC test kit without involvement of the pharmacy department or use of their insurance benefits.

Additional Information:

- For more information about COVID-19 testing, see the [Apple Health \(Medicaid\) clinical policy and billing for COVID-19 FAQ](#) and the [Apple Health \(Medicaid\) COVID-19 testing clinical policy](#).
- For updated information regarding COVID-19, see HCA's [Information about novel coronavirus \(COVID-19\) webpage](#).
- For additional questions, please email applehealthpharmacypolicy@hca.wa.gov

Thank you for your continued service to Molina members.

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