https://dmas.virginia.gov

MEDICAID MEMO

Last Updated: 08/30/2022

Updates to Coverage of COVID-19 Home Testing

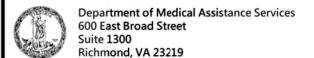
The purpose of this memorandum is to inform providers that DMAS fee-for-service (FFS) and all contracted managed care organizations (MCOs) will cover claims via pharmacy point-of-sale systems for COVID-19 antigen and molecular tests with a Food and Drug Administration (FDA) Emergency Use Authorization (EUA) or approval for home collection or testing. This pertains to all full benefit Medicaid and FAMIS members. This coverage is being provided in accordance with the requirements of the Families First Coronavirus Response Act (FFCRA), the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Affordable Care Act (ACA).

DMAS will implement coverage of claims billed via the pharmacy point-of-sale system for all COVID-19 antigen and molecular tests FDA authorized or approved for home collection or testing for which a National Drug Code (NDC) is available. This coverage will include claims with dates of service on and after 02/07/2022. These tests will be covered by FFS and all MCOs as follows:

- Members must meet age limits outlined in each test's respective FDA EUA.
- Tests will be provided without prior authorization and without requiring a provider prescription, for up to two (2) home COVID-19 tests per day, but no more than eight (8) home COVID-19 tests per rolling 30 days.
- Service authorization will be required for additional tests in excess of daily or rolling 30-day quantity limits.
- Approval of service authorizations will be limited to instances in which the member has obtained a physician, nurse practitioner, or physician assistant prescription for the home test issued no more than 96 hours prior to initiation of the claim.

DMAS will update its list of covered testing codes, as appropriate, which will be available for reference at https://www.virginiamedicaidpharmacyservices.com/. COVID-19 antigen tests with an FDA EUA, or approval, for home collection or testing can be found here (see 'Authorized Settings'). Claims for antigen tests will be reimbursed at the usual and customary rate, up to \$20.00 per test. COVID-19 molecular tests with an FDA EUA, or approval, for home collection or testing can be found here (see 'Authorized Settings'). Claims for molecular tests will be reimbursed at the usual and customary rate, up to \$150.00 per test.

DMAS FFS will not pay an additional dispensing fee for COVID-19 home tests. MCOs may choose to pay a dispensing fee. Pharmacists should list the number of tests dispensed (as opposed to the number of kits dispensed) as the unit quantity on all pharmacy claims. Under the PREP act, Pharmacists are allowed to bill for home tests under their NPI for all covered home tests not requiring a service authorization. DMAS FFS is not able to reimburse members directly for COVID home test purchases. For questions on billing practices, effective dates or reimbursement rates for members enrolled in a managed care organization, refer to the contact information listed below



claim status and service

authorizations for fee-for-

service members.

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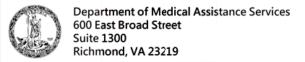
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PROVIDER CONTACT INFORMATION & RESOURCES		
Virginia Medicaid Web		
Portal Automated Response		
System (ARS)		
Member eligibility, claims	www.virginiamedicaid.dmas.virginia.gov	
status, payment status, service		
limits, service authorization		
status, and remittance advice.		
Medicall (Audio Response		
System)		
Member eligibility, claims	1 000 004 0720 or 1 000 772 0006	
status, payment status, service	1-800-884-9730 or 1-800-772-9996	
limits, service authorization		
status, and remittance advice.		
KEPRO		
Service authorization		
information for fee-for-service	https://dmas.kepro.com/	
members.		
Provider Appeals DMAS launched an appeals		
portal in 2021. You can use this		
portal to file appeals and track		
the status of your appeals. Visit	https://www.dmas.virginia.gov/appeals/	
the website listed for appeal		
resources and to register for the		
portal.		
Managed Care Programs	1	
	oordinated Care Plus (CCC Plus), and Program of All-	
	CE). In order to be reimbursed for services provided to	
	ial, providers must follow their respective contract with	
	vider. The managed care plan may utilize different	
	or Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4	
CCC Plus	http://www.dmas.virginia.gov/#/cccplus	
PACE	http://www.dmas.virginia.gov/#/longtermprograms	
Magellan Behavioral Health	www.MagellanHealth.com/Provider	
Behavioral Health Services	For credentialing and behavioral health service	
Administrator, check eligibility,	information, visit:	
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www.magellanofvirginia.com, email:

Call: 1-800-424-4046

VAProviderQuestions@MagellanHealth.com,or



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Provider HELPLINE Monday-Friday 8:00 a.m5:00 p.m. For provider use only, have Medicaid Provider ID Number available.	1-804-786-6273 1-800-552-8627
Aetna Better Health of Virginia	www.aetnabetterhealth.com/Virginia
	1-800-279-1878
Anthem HealthKeepers Plus	www.anthem.com/vamedicaid
	1-800-901-0020
Molina Complete Care	1-800-424-4524 (CCC+)
	1-800-424-4518 (M4)
Optima Family Care	1-800-881-2166 www.optimahealth.com/medicaid
United Healthcare	www.Uhccommunityplan.com/VA
	and <u>www.myuhc.com/communityplan</u>
	1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), <u>www.virginiapremier.com</u>