Department of Medical Assistance Services
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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

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PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.virginiamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
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 the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/appeals/
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for 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 Behavioral Health Services Administrator, check eligibility, claim status and service authorizations for fee-for-service members.	www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com,or Call: 1-800-424-4046

Provider HELPLINE Monday–Friday 8:00 a.m.-5:00 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 www.myuhc.com/communityplan 1-844-752-9434, TTY 711
Virginia Premier	1-800-727-7536 (TTY: 711), www.virginiapremier.com