

**** Kentucky Medicaid Pharmacy Provider Notice #267 – COVID-19 Home Test Kits ****

****This applies to both Fee-For-Service Medicaid and the Managed Care Organizations***

January 28, 2022

Please be advised that the Department for Medicaid Services (DMS) remains committed to ensuring Kentucky Medicaid members receive the appropriate care to treat and prevent the spread of COVID-19.

Kentucky Medicaid will now reimburse pharmacies for at-home COVID-19 Rapid Antigen test kits through Point of Sale for Medicaid members. Below you will find the billing guidance and a list of covered NDCs. DMS will work to keep this list updated as new products become available.

- Reimbursement for the test kits will be paid according to the payment algorithm in the Kentucky Medicaid Pharmacy Provider Point-of-Sale (POS) Billing Manual.
- The units billed must be the actual number of tests dispensed, not the number of kits. For example, if two test kits are available per the package, then the quantity billed should reflect two.
- There is a limit of 8 tests per member per rolling 30 days.
- There will be no copay required for the test kits.
- Pharmacies can back bill for members who purchased test kits starting 1/15/22.

NDC	Product
08290256082	BD VERITOR SYSTEM SARS-COV-2
11877001133	BINAXNOW COVD AG CARD HOME TST
11877001129	BINAXNOW COVID-19 AG CARD
11877001140	BINAXNOW COVID-19 AG SELF TEST
50010022431	CARESTART COVID19 AG HOME TEST
50010022432	CARESTART COVID19 AG HOME TEST
50010022433	CARESTART COVID19 AG HOME TEST
56964000000	ELLUME COVID-19 HOME TEST
51044000842	EVERLYWELL COVID19 HOM COLLECT
82607066026	FLOWFLEX COVID-19 AG HOME TEST
82607066027	FLOWFLEX COVID-19 AG HOME TEST
82607066028	FLOWFLEX COVID-19 AG HOME TEST

82607066047	FLOWFLEX COVID-19 AG HOME TEST
11877001126	ID NOW COVID-19 TEST KIT
56362000589	IHEALTH COVID-19 AG RAPID TEST
56362000590	IHEALTH COVID-19 AG RAPID TEST
56362000596	IHEALTH COVID-19 AG RAPID TEST
08337000158	INTELISWAB COVID-19 RAPID TEST
10055097004	LUCIRA CHECK-IT COVID-19 TEST
00042022224	PIXEL COVID19 HOME COLLECT KIT
14613033967	QUICKVUE AT-HOME COVID-19 TEST
14613033968	QUICKVUE AT-HOME COVID-19 TEST
14613033972	QUICKVUE AT-HOME COVID-19 TEST
14613033937	QUICKVUE SARS ANTIGEN TEST
14613033908	SOFIA SARS ANTIGEN FIA TEST
14613033922	SOFIA2 FLU-SARS ANTIGEN FIA
08290256088	VERITOR SARS-COV-2 AND FLU A-B

Thank you for assisting Kentucky Medicaid members in accessing COVID-19 test kit coverage by following the above billing guidance. Please contact the Kentucky Magellan Medicaid Administration team at kyproviders@magellanhealth.com for Fee-For-Service concerns and MedImpact at KYMCOPBM@medimpact.com for managed care concerns.

Sincerely,

Sha Leigh Hammons

ShaLeigh Hammons, CPhT

Account Manager I

kyproviders@magellanhealth.com

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.