

– IMPORTANT UPDATE – UnitedHealthcare Community Plan of New York COVID-19 At Home Testing Billing Guidance New York Medicaid

Claim Processing Information Medicaid	
Name of Processor	OptumRx
Bank Identification Number (BIN)	610494
Processor Control Number (PCN)	4800
Submitted Group (Group)	ACUNY

To help reduce processing errors, please confirm the information on the member's health plan ID card before submitting a claim. If you have questions about the rejection, please call the OptumRx Pharmacy Help Desk at 877-305-8952, 24 hours a day, seven days a week.

UnitedHealthcare Community Plan will cover COVID-19 diagnostic and screening tests with “at home” sample collection for reimbursement with no member cost sharing. Coverage will be provided for Over-the-Counter (OTC) FDA-authorized COVID-19 test kits, that are used in accordance with the Centers for Disease Control and Prevention (CDC) recommendations, for antigen detection.

UnitedHealthcare Community Plan Policy for Coverage:

- Covered “at home” test kits must be authorized by the FDA for use in both symptomatic and asymptomatic patients and allow for self-collection without medical observation.
- Two (2) OTC tests per claim, with no refills (a test kit may contain two tests and is considered two OTC tests).
- Up to eight (8) OTC tests per month can be requested by a member at the pharmacy, without a fiscal order.
- Refills will not be allowed

Table 1. Billing Instructions for COVID Tests

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 Table 2
411-DB (Prescriber ID)	Enter Prescriber National Provider Identifier (NPI) number*

* Pharmacists must report their pharmacist/pharmacy National Provider Identifier (NPI) in Field No. 411-DB within the NCPDP Claim Segment if not prescribed by a physician. If physician prescribes, use the prescribing physician's NPI.

Please distribute immediately.

For questions regarding communications, contact the Pharmacy Provider Communications team: pharmacyprovidercommunications@optum.com

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Table 2. OTC COVID-19 Tests

Test Name	NDC
BINAXNOW COVID-19 AG SELF TEST	11877-0011-40
CARESTART COVID-19 AG HOME TST	50010-0224-31
FLOWFLEX COVID-19 AG HOME TEST	82607-0660-26
FLOWFLEX COVID-19 AG HOME TEST	82607-0660-27
IHEALTH COVID-19 AG HOME TEST	56362-0005-89
INTELISWAB COVID-19 HOME TEST	08337-0001-58
QUICKVUE AT-HOME COVID-19 TEST	14613-0339-72

Table 3. OTC COVID-19 Tests Reimbursement

Reimbursement	Tests** per kit
Up to \$24	2
Up to \$12	1

*Reimbursement for each test will be the lower of the maximum reimbursement amount or the Usual and Customary (U&C) price charged to the general public. 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.

Reminder: The Medicaid program is the payer of last resort and providers should take reasonable measures necessary to ensure that all available options for coverage, including free at-home COVID tests from COVIDtests.gov and third-party insurance, are utilized prior to submitting claims to the Medicaid program.

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