



# NETWORK Notification

**Notice Date:** December 16, 2022  
**To:** CareSource Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** CareSource COVID-19: OTC At-Home Diagnostic Test Billing Guidance  
**Effective Date:** February 1, 2022

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*Beginning on May 12, 2023, this notification is expiring in alignment with the end of the Public Health Emergency.*

## Summary

Effective February 1, 2022, CareSource Indiana Medicaid, in alignment with [Indiana Health Coverage Programs \(IHCP\)](#) and Centers for Medicare & Medicaid Services (CMS) guidance, began covering FDA-authorized over-the-counter (OTC) at-home COVID-19 diagnostic tests without a prescription and with no member cost sharing.

## Covered COVID-19 Diagnostic Home Test Kits

Product Name	Product NDC	Manufacturer	Number of Tests/Pack	Number of Tests Covered <sup>#</sup>
BINAXNOW COVID-19 AG CARD HOME TEST	11877-0011-40	Abbott	2	2 tests/week (7 days)
CARESTART COVID-19 ANTIGEN HOME TEST	50010-0224-31	Access Bio	2	2 tests/week (7 days)
CLEARDETECT COVID-19 ANTIGEN HOME TEST	69978-0000-04	Maxim Biomedical	2	2 tests/week (7 days)
COVID-19 AT HOME TEST KIT	00111-0707-52	SD Biosensor	1	2 tests/week (7 days)
COVID-19 AT HOME ANTIGEN TEST KIT	96852-0254-31	Genabio Diagnostics	1	2 tests/week (7 days)
COVID-19 RAPID SELF TEST KIT 2-PACK	96852-0953-00	Genabio Diagnostics	2	2 tests/week (7 days)
DIATRUST KIT COVID-19	06121-0763-23	Celltrion USA	2	2 tests/week (7 days)
ELLUME COVID-19 HOME TEST	50021-0860-01	Ellume	1	2 tests/week (7 days)
ELLUME COVID-19 HOME TEST	56964-0000-00	Ellume	1	2 tests/week (7 days)
FLOWFLEX COVID-19 AG HOME TEST	82607-0660-26	ACON Laboratories	1	2 tests/week (7 days)
FLOWFLEX COVID-19 AG HOME TEST	82607-0660-27	ACON Laboratories	2	2 tests/week (7 days)
IHEALTH COVID-19 ANTIGEN RAPID TEST	56362-0005-89	iHealth Labs	2	2 tests/week (7 days)
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST	60008-0407-80	PHASE Scientific International	2	2 tests/week (7 days)
INTELISWAB COVID-19 RAPID TEST	08337-0001-58	OraSure	2	2 tests/week (7 days)
QUICKVUE AT-HOME COVID-19 TEST	14613-0339-72	Quidel	2	2 tests/week (7 days)

<sup>#</sup> Only 2 total tests will be covered per individual per week (7 days). Purchase of a multi-test pack will take into account the number of tests in each pack and will count towards weekly allotment.

## Claims Processing

The kits can be dispensed at a CareSource Indiana Medicaid participating pharmacy. Pharmacies may use Submission Clarification Code value of “42” to override prescriber validation. Pharmacy providers can also input the Pharmacy or Pharmacist NPI during claim submission according to their pharmacy policies and procedures.

- CareSource Indiana Medicaid members may also obtain OTC at-home COVID tests through the free OTC at-home COVID-19 tests from the Federal Government available at <https://www.covid.gov/tests>.
- Pharmacy claims are limited to two tests per 7 days per member.
- Pharmacy claims should include the National Provider Identifier (NPI) of the enrolled prescribing provider, including those responsible for collaborative practice agreements.
- Pharmacy claims may be submitted under the Indiana Statewide Standing Order for COVID-19 Home Testing Kits, using the Indiana State Health Commissioner, Dr. Kristina M. Box (NPI 1730161647) as prescriber.
- Under provisions of the Health and Human Services (HHS) Guidance for Licensed Pharmacists, COVID-19 Testing and Immunity under the Public Readiness and Emergency Preparedness (PREP) Act, pharmacists may prescribe COVID-19 home tests kits during the public health emergency. Pharmacy providers should use the pharmacy’s NPI or the pharmacist’s NPI as the prescriber. For test kits “prescribed” by pharmacists, the claims should be submitted using Pharmacy NPI (type 2) and a Qualifier “01” as the prescriber. The Submission Clarification Code (42) should be entered in NCPDP vD.0 field 420-DK (Submission Clarification Code).
- Reminder: Prescriptions or prescriber orders are required to submit pharmacy claims. Claims for COVID-19 home tests must have completed prescription or prescriber order, including the name of the prescriber, on file at the pharmacy submitting the claim.

If you need a member’s specific prescription processing information or other help with a claim, please visit our Pharmacist Resource Center at <https://prc.express-scripts.com>.