

## COVID-19 “At Home” Test Kits for Medicaid Patients

Effective **December 13, 2021**, United Healthcare will cover COVID-19 “at home” tests 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.

To qualify, the following criteria must be met:

- 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.
- One test kit per fiscal order (*each kit may contain two tests for serial testing*), with no refills, can be ordered with a **limit of one test kit per week** (per member).

### NYS Medicaid 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. Below is a list of 4 FDA approved Test Kits.

#### FDA Approved Test Kits

7 matches

NDC	TYPE	MRA	ALT	DESCRIPTION	PA	LABELER	BASIS OF MRA	OTC INDICATOR	RX TYPE	GENERIC NAME
08337000158	GEX	12.5000000	0.0000000	INTELISWAB COVID-19 RAPID TEST	0	ORASURE TECHNOL	EA	N	07	COVID-19 ANTIGEN TEST
11877001140	GEX	12.5000000	0.0000000	BINAXNOW COVID-19 AG SELF TEST	0	ALERE/ABBOTT DI	EA	N	07	COVID-19 ANTIGEN TEST
14613033972	GEX	12.5000000	0.0000000	QUICKVUE AT-HOME COVID-19 TEST	0	QUIDEL CORPORAT	EA	N	07	COVID-19 ANTIGEN TEST
50010022431	GEX	12.5000000	0.0000000	CARESTART COVID19 AG HOME TEST	0	ACCESS BIO, INC	EA	N	07	COVID-19 ANTIGEN TEST
56362000589	GEX	12.5000000	0.0000000	IHEALTH COVID-19 AG RAPID TEST	0	IHEALTH LAB INC	EA	N	07	COVID-19 ANTIGEN TEST
82607066026	GEX	12.5000000	0.0000000	FLOWFLEX COVID-19 AG HOME TEST	0	ACON LABORATORI	EA	N	07	COVID-19 ANTIGEN TEST

82607066027	GEX	12.5000000	0.0000000	FLOWFLEX COVID-19 AG HOME TEST	0	ACON LABORATORI	EA	N	07	COVID-19 ANTIGEN TEST
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If you have any questions, please call United Healthcare at 1-800-493-4647; TTY: 711.

**Additional Information**

- For Medicaid FFS billing questions, please contact the eMedNY Call Center at [\(800\) 343-9000](tel:8003439000).
- For Medicaid FFS Pharmacy Policy questions, please contact [ppno@health.ny.gov](mailto:ppno@health.ny.gov).
- Information on fiscal orders and reimbursement can be found in the [FFS Medicaid Pharmacy Manual](#)
- Information regarding COVID-19 testing at pharmacies can be found here: [Medicaid FFS Policy and Billing Guidance for COVID-19 Testing and Specimen Collection at Pharmacies](#).