New York Managed Medicaid Plans processed by Caremark will cover COVID-19 specimen collection or CLIA waived COVID-19 testing at pharmacies in accordance with the New York Governor's Executive Order #202.24.

Following are billing instructions for the Medicaid Plans: **BIN**: 004336, **PCN**: MCAIDADV **GRP**: RX0546, RX6422, RX6423

Following are billing instructions for the Essential Plans: **BIN**: 004336, **PCN**: ADV **GRP**: RX6424

NCPDP D.0 Segment Field	Value
Service Provider ID (201-B1)	The Type 2 NPI for the pharmacy contracted for COVID-19 test services should be submitted.
Product/Service ID Qualifier (436-E1)	Enter a value of "03" NDC "09" HCPCS.
Product/Service ID (407-D7)	Enter a valid NDC for the test kit. If there is no test kit, enter a valid NDC for specimen collection. See chart below for Specimen collection or test kit.
Professional Service Code (440-E5)	MA – *Medication Administration* **Business Case:** Indicates that the test has been administered. Submission of this code may include the test kit that has also been dispensed to the patient, upon the order of a clinician. **(This code is used when the specimen only is being collected.)**
	PT - *Perform Laboratory Test* **Business Case:** Indicates that test analysis has been performed and results have been interpreted. Submission of this code includes services as defined in MA above in addition to informing the patient of test results and reporting the results to designated entities, when required. **(This code is used for collection and interpretation of the result)**
Quantity Dispensed (442-E7)	Enter a value of "1".
Day Supply (405-D5)	Enter a value of "1"
Ingredient Cost Submitted (409-D9)	Submit the cost of the individual test kit. Based on how/who supplied the test kit, this could be $0.00.
Dispensing Fee Submitted (412-DC)	Enter the cost of dispensing the test kit.
Incentive Amount Submitted (483-E3)	Enter the cost for any professional services such as collection, interpretation, and reporting of results.
Prescriber ID (411-DB)	The NPI of the provider authorized to order the test should be submitted. This may be a pharmacist.
Prescription Origin Code (419-DJ)	Enter "5" for pharmacy.
Provider ID (444-E9)	Enter the NPI of the authorized provider administering the test.
Place of Service (307-C7)	Indicate the location the service was provided.

Diagnosis Code (424-DO)	If testing results are available prior to the claim request being submitted and the pharmacy wants to communicate them, the applicable ICD-10 code could be submitted.

Reimbursement:

- Reimbursement for COVID-19 testing for NY Medicaid Plans is effective for claims beginning May 22,2020 and will remain in effect for the remainder of the disaster emergency declared by Executive Order #202.24.
- Reimbursement for the specimen collection, test kit and test administration will be based on Caremark's contract with the pharmacy
- Only test kits with an FDA approved Emergency Use Authorization (EUA) are covered
- Specimen collection without a test kit is also covered.
- Pharmacies that are performing and billing for COVID-19 testing should not separately bill for specimen collection. Reimbursement for the test includes specimen collection and generating the lab report.

For Diagnostic testing (test kits) for additional approved tests under the EUA please see link:
https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations-medical-devices#covid19ivd

Specimen Collection Only: The UPC/NDC/Procedure code can be used to cover all generic specimen collection (regardless of the test)

NDC/UPC/Procedure/HCPCS Code		Reimbursement
60004-0417-80	CLIA certificated laboratory	
99999-0992-11	CLIA certificated laboratory	
G2023	Reimbursement Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	$23.46

Collection/Kit & Testing Combined: Procedure/HCPCS code

U0002	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCov (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC	$51.31
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	$51.31

Examples only and is not limited to the following:

11877-0011-26	ID NOW COVID-19 In Vitro Kit
14613-0339-08	Sofia2 SARS Antigen FIA In Vitro Kit
11877-0011-26	Abbot ID NOW

Please be aware that the Medicaid program prohibits providers from billing members for charges for COVID-19 protective measures including personal protective equipment (PPE). Please ensure that only the copay returned in the NCPDP response field is collected from a Medicaid member, and no additional charges are added for PPE.