

# COVID-19 Diagnostic Testing Kits FAQs

## At-Home COVID-19 Testing Coverage

On January 10, the Administration released guidance clarifying expanded coverage requirement for at-home OTC COVID-19 tests purchased on or after January 15, 2022. This guidance provides expansion of coverage for OTC tests without the involvement of a health care provider for those OTC tests for which the FDA does not require a health care provider's order at no cost share to the health plan members.

## MEMBER FAQ

### How to determine if you have the CVS Caremark benefit or not?

You should check your IMS Health Plan ID Card for CVS Caremark RX logo shown below. If your IMS Health Plan ID Card does not have the CVS Caremark RX logo then you should refer to the other OTC COVID-19 Test Forms on the IMS website to find the one applicable to you.



### Will CVS Caremark cover over-the-counter (OTC) COVID-19 diagnostic tests coverage?

CVS Caremark plans to process pharmacy claims for FDA authorized, cleared, or approved OTC COVID-19 antigen tests at \$0 for members who utilize an in-network pharmacy. Members should check-out at the pharmacy counter with their **IMS Health Plan ID Card**. Members do not need a provider order or individualized clinical assessment to obtain these tests. Direct coverage at point-of-sale (POS) may only be provided for OTC COVID-19 tests with an associated National Drug Codes (NDC). Testing for employment purposes will not be covered. Examples of FDA authorized, cleared, or approved OTC COVID-19 Antigen tests include, but are not limited to:

- BINAXNOW COVID-19 AG SELF TEST
- CARESTART COVID19 AG HOME TEST
- ELLUME COVID-19 HOME TEST
- FLOWFLEX COVID-19 AG HOME TEST
- IHEALTH COVID-19 AG RAPID TEST
- QUICKVUE AT-HOME COVID-19 TEST

### Where can members purchase OTC COVID-19 tests?

Members can purchase OTC COVID-19 Tests at pharmacies using their pharmacy benefit.

### When can members get OTC COVID-19 diagnostic tests at \$0 co-pay?

Effective January 15, 2022 and for the duration of the public health emergency (PHE), CVS Caremark plans to provide coverage of OTC, at-home, diagnostic COVID-19 antigen test that have been authorized, cleared, or approved by the FDA. No retrospective reimbursement will be provided to members if tests are purchased prior to January 15, 2022.

### How many OTC COVID-19 diagnostic tests will be covered for members?

During the PHE, CVS Caremark will be providing coverage of **8 tests per 30-day period per member** without cost-sharing requirements (including deductibles, copayments, and coinsurance), prior authorization, or other medical management requirements on such OTC COVID-19 antigen tests. This quantity limit aligns with federal guidance.

The Departments recognize that some OTC COVID-19 tests are sold in packages containing more than one test. In applying the quantity limit of 8 tests per 30-days, the Department allows plans to count each test separately, even if multiple tests are sold in one package. This quantity limit is set in place to discourage behaviors that could lead to future shortages.

### Can members get more than 8 tests per 30-day period?

Members can get more than 8 tests per 30 days if the tests are ordered or administered by a health care provider following an individualized clinical assessment. This includes patients who may need more due to an underlying medical condition. Providers or pharmacies will need to outreach to the CVS Pharmacy Help Desk for overrides in these special situations. Please use the phone number listed on the front of the IMS Health Plan ID Card.

### How can members submit a Direct Member Reimbursement (DMR) claim?

Reimbursement for OTC COVID-19 tests without a prescription after purchase, starting January 15, 2022 until the end of the Public Health Emergency (PHE). Members can upload a copy of their receipt of the OTC COVID tests purchased via Caremark.com to submit for reimbursement or submit a paper claim.

- Member will be reimbursed, and the plan will pay, the full retail price paid by the member. Once a plan meets all components of the direct coverage safe harbor, the member will be reimbursed, and the plan will pay, the lesser of (i) the full retail price paid by the Member, or (ii) the lesser of the \$12 per test reimbursement limit established by the Administration in the direct coverage safe harbor.

### Can members use their FSA/HSA card to purchase these COVID-19 tests?

If members are planning to seek reimbursement via DMR from their prescription benefit, then **they cannot use their FSA/HSA card to purchase these tests.**

### What are the different types of COVID-19 tests available?

There are two main diagnostic tests available to detect infection with SARS-CoV-2; the rapid Antigen test and the polymerase chain reaction (PCR) test.

- A PCR test is performed to detect the presence of a virus if you are infected at the time of the test. It could also detect fragments of the virus even after you are no longer infected. PCR tests are generally performed by a health care provider, require the submission of a sample to a lab, and can take a few days to process. Results may be received within 1-3 days of testing.
- A rapid antigen test can detect the presence of a virus similar to a PCR test. They are less expensive, can be purchased at a variety of pharmacies, and produce results within 10-15 minutes of testing. Antigen tests can be used in screening programs to quickly identify those who are likely to be contagious. However, they are less sensitive than most PCR tests and may be necessary to confirm antigen test results with a PCR test.

For more information regarding different types of COVID-19 tests available, please visit credible sites, such as the [Center for Disease Control and Prevention \(CDC\) website](#).