COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

_X The state assures coverage of COVID-19 testing consistent with the Centers for Disease
Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and
its recommendations for who should receive diagnostic and screening tests for COVID-19.

_X__ The state assures that such coverage:

- 1. Includes all types of FDA authorized COVID-19 tests;
- 2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
- 3. Is provided to the optional COVID-19 group if applicable; and
- 4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

At-home COVID-19 antigen tests are limited to no more than 4 test kits (8 tests) every 30 days. Additional tests require prior authorization.

Non-preferred antigen tests require prior authorization.

$_{ m X}$ $_{ m L}$ Applies to the state's approved Alternative Benefit Plans, without any deduction	on,
cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.	

_X__The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

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Supersedes

TN No. <u>None</u> Approval Date: <u>05/03/2023</u>

Reimbursement

with the CD	state assures that it has established state plan rates for COVID-19 testing consistent DC definitions of diagnostic and screening testing for COVID-19 and its dations for who should receive diagnostic and screening tests for COVID-19.
	ences to Medicaid state plan payment methodologies that describe the rates for testing for each applicable Medicaid benefit:
Inpatie	ent Hospital Services Attachment 4.19-A
Outpa	tient Hospital and Ambulatory Surgical Center Services Attachment 4.19-B Item 2a
Rural I	Health Clinic Services/Federally Qualified Health Centers 4.19-B Item 2b
Other	Laboratory and X-Ray Services Attachment 4.19-B Item 3
Physic	cian's Services Attachment 4.19-B Item 5
Clinic S	Services Attachment 4.19_B Item 9
Prescr	ribed Drugs Attachment 4.19-B Item 12a (antigen tests)
1905(a)(4)	e state is establishing rates for COVID-19 testing pursuant to pursuant to sections (F) and 1902(a)(30)(A) of the Act. The state's rates for COVID-19 testing are consistent with Medicare rates for esting, including any future Medicare updates at the: Medicare national average, OR Associated geographically adjusted rate.
to	The state is establishing a state specific fee schedule for COVID-19 testing pursuant sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.
	ne state's rate is as follows and the state's fee schedule is published in the following cation:
— TN No. <u>23-0013</u>	The state's fee schedule is the same for all governmental and private providers. Effective Date: 3/11/2021

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	The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:
Additio	onal Information (Optional):
	The payment methodologies for COVID-19 testing for providers listed above are described below:

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Supersedes

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