



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

December 2, 2021

GCR 21-085
PROPOSED

Pharmacy COVID-19 Antigen Test Coverage

Policy Summary:

Vermont Medicaid is expanding coverage for COVID-19 antigen tests in the pharmacy benefit. Pharmacies may bill for antigen COVID tests, including over-the counter tests for use at home.

Pharmacies may bill for over-the-counter COVID tests when prescribed by a Medicaid enrolled provider working within their scope of practice. Vermont Medicaid-enrolled pharmacists can be the prescribing provider on the pharmacy claim in accordance with the provisions of the federal Public Readiness and Emergency Preparedness (PREP) Act.

To bill the over-the counter COVID tests, pharmacies must follow the NCPDP standard and use the national drug code (NDC) or universal product code (UPC) found on the package. Pharmacies may not bill for test administration of an over-the counter COVID test. These tests are to be used by the patient in the home setting.

Copayments do not apply to COVID-19 tests including over-the counter tests.

COVID-19 testing must be in accordance with the Vermont Board of Pharmacy Emergency Guidance and with the Vermont Department of Health's clinical guidance for medical appropriateness of testing.

See additional rate and billing information below.

Effective Date:

December 1, 2021

Authority/Legal Basis:

[Medicaid State Plan](#)

[Global Commitment to Health Waiver](#): Waiver authority #5 [Section 1902(a)(13), 1902(a)(30)]; Special Term and Condition #29.

Population Affected:

All Medicaid

Fiscal Impact:

The estimated gross annualized budget impact is \$270,000. The gross fiscal impact will be highly variable as it is dependent on the impact of COVID-19 and testing in Vermont.

Public Comment Period:

December 2, 2021 – December 30, 2021

Send comments to:

Medicaid Policy Unit
280 State Drive, Center Building
Waterbury, VT 05671-1000

Or submit via e-mail to AHS.MedicaidPolicy@vermont.gov.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

[Vermont Board of Pharmacy COVID-19 Emergency Guidance](#)

[Vermont Department of Health Pharmacist Ordering and Administration of Testing for COVID-19 in Vermont](#)

Fee Schedule/Billing:

Claims will be submitted through the Pharmacy Benefit. The list of covered tests can be found [OTCWebList \(vermont.gov\)](#)

PREFERRED TESTS: The following are preferred with no PA required

NDC/UPC

10055097000	LUCIRA COVID-19 ALL-IN-ONE
11877001133	BINAXNOW COVID-19 AG CARD
14613033968	QUICKVUE AT-HOME COVID-19
14613033972	QUICKVUE AT-HOME COVID-19
56964000000	ELLUME COV19 KIT HOME TEST
11877001140	BINAXNOW COVID-19 AG CARD
08337000158	INTELISWAB COVID-19 RAPID TEST

NON-PREFERRED TESTS: The following are non-preferred and require PA

NDC/UPC

50024092400	PIXEL COVID-19 PCR TEST HOME COLLECTION KIT
53346000799	MYLAB BOX COVID-19 TESTING KIT