NCPA FAQs for Over-the-Counter, At-Home COVID-19 Test Coverage and Access

How do patients get a free over-the-counter COVID-19 test?

    A.   Through their insurance

Starting January 15, 2022, patients with private (aka Commercial) insurance coverage can have the cost of up to 8 OTC test kits reimbursed per month per person. So, a family of four could get 32 tests each month, for instance.

    B.   Through the Biden-Harris Administrations' website

Patients with or without insurance will be able to obtain free tests through COVIDtests.gov. Patients can order free tests starting Wednesday, January 19, 2022.

How can pharmacists provide free tests available for patients with insurance?

The Administration is incentivizing insurers and group health plans to set up programs that allow people to get the over-the-counter tests directly through preferred pharmacies with no upfront costs. To date, most plans appear to be using their regular pharmacy network as in-network pharmacies for this purpose.

How will in-network community pharmacists be paid?

In-network community pharmacies will be able to submit reimbursement claims to the relevant group health plan or health insurance issuer, in most cases via the plan's PBM.

How can pharmacies submit a claim to a PBM?

It is possible to submit a claim to a PBM for an OTC COVID-19 test. Pharmacies that choose to submit claims should refer to the handout at ncpa.org titled "OTC COVID Tests Billing" that summarizes the guidance from NCPDP on submitting a claim for an OTC product that does not require a prescription.

Are there any additional health plan requirements that pharmacies should be aware of when providing tests to patients?

Plans are not required to provide coverage of testing (including an at-home over-the-counter COVID-19 test) that is for employment purposes. Some health plans/PBMs require pharmacies to validate and document that the consumer is not acquiring COVID tests through this program for employment purposes or resale. This requirement will increase the pharmacy's audit risks. We will continue to update this section as we continue to learn more about the OTC COVID-19 rollout.

How will a patient be paid if they go to an out of network pharmacy?

If the pharmacy is out of network, patients should obtain a receipt from the pharmacy, which they can use to claim reimbursement directly from their health plan.

A patient who pays out of pocket for the full cost of the OTC test may then self-submit a claim to their insurance to get up to $12 reimbursed. However, if the health plan does not provide their patients with the preferred location/site(s) to obtain the OTC tests with no out-of-pocket cost, then the patient is entitled to self-submit reimbursement for the total cost of the OTC test and not just the $12 out of network reimbursement.

Will tests purchased by patients before Saturday, January 15 be reimbursed?

Only tests purchased after January 15, 2022, will be reimbursed.

How will the one billion free tests from the Biden-Harris Administration, that do not require insurance, be distributed?

Patients will be able to obtain free tests through COVIDtests.gov, including free shipping. Patients will be able to order tests on Wednesday, January 19, 2022. The one billion tests will be distributed as supplies become available.

Can individuals obtain free tests through Medicare?

At this time, those who are on Medicare will not be able to get their OTC COVID-19 tests reimbursed through the program, according to CMS. However, those who have Medicare Advantage may be covered and should check with their plan for more details. Medicare recipients can obtain free tests if the test is done in a lab and ordered by a medical professional.

What if a patient is uninsured?

The uninsured can get free home tests from certain community health centers. They can also request tests through the website COVIDtests.gov starting January 19, 2022. Additionally, the Department of Health and Human Services is providing up to 50 million free home tests to community health centers and Medicare-certified health clinics for distribution to patients and the community.

Do state Medicaid and CHIP programs cover at-home COVID-19 tests?

In accordance with the American Rescue Plan, State Medicaid and CHIP programs are required to cover FDA-authorized at-home COVID-19 tests. Patients with Medicaid or CHIP coverage should contact their state Medicaid or CHIP agency for information regarding the specifics of coverage for at-home COVID-19 tests, as coverage rules may vary by state.

Additional information:
Please note that this document is being updated as information becomes available. This document was last updated on January 16, 2022.

Please review the links below for more information:
FAQ 51 https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/aca-part-51.pdf; Additional FAQs https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/how-to-get-your-at-home-over-the-counter-covid-19-test-for-free.pdf