

MONTANA HEALTHCARE PROGRAMS NOTICE February 28, 2022

IHS, Mid-Level, Pharmacy, Physician and Tribal 638 Providers

Retroactively Effective March 11, 2021

COVID-19 At-Home Test Coverage

Retroactively effective March 11, 2021, Montana Healthcare Programs will cover COVID-19 at-home tests when a valid prescription is billed via pharmacy point of sale (POS) by a Montana Healthcare Programs enrolled pharmacy. Test kits purchased by members outside of these parameters will not be reimbursed.

Coverage will be limited to 2 tests per claim and 8 tests per member per month. All tests will be reimbursed at \$12 per test. While all tests will be covered, preferred tests have been selected due to lower cost and availability. Non-preferred tests will require prior authorization and clinical rationale as to why a preferred test is not appropriate. The current list of preferred tests is as follows. This list may change as new tests become available.

NDC	Drug Name	Tests per Package
11877001140	BINAXNOW COVID-19 AG SELF T	2
56964000000	ELLUME COVID-19 HOME TEST	1
82607066026	FLOWFLEX COVID-19 AG HOME T	1
82607066027	FLOWFLEX COVID-19 AG HOME T	2
56362000589	IHEALTH COVID-19 AG RAPID T	2
08337000158	INTELISWAB COVID-19 RAPID T	2
14613033972	QUICKVUE AT-HOME COVID-19 T	2

Contact Information

Drug Prior Authorization Unit Mountain-Pacific Quality Health P.O. Box 5119 Helena, MT 59604 (406) 443-6002 or (800) 395-7961 (406) 513-1928 or (800) 294-1350 (Fax)

For questions regarding this policy, please contact the Medicaid Pharmacist, Shannon Sexauer, PharmD, at (406) 444-5951 or shannon.sexauer@mt.gov or the Pharmacy Program Officer, Dani Feist, at (406) 444-2738 or dfeist@mt.gov.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email Montana Provider Relations Helpdesk.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.