

At-Home COVID-19 Test Kit Coverage Update

EBD has updated the reimbursement process regarding purchasing at-home COVID-19 testing kits. Members must submit the following documentation:

- Health Advantage At-Home COVID-19 Test Reimbursement Form
- Picture of the front of the test box. The picture must clearly show the brand name of the testing kit(s).
- Proof of payment (receipt from the purchase of the testing kit), **including** the date of purchase and the total amount spent on testing kit(s).

Testing kits purchased **BEFORE January 15, 2022**, will **NOT** be eligible for reimbursement. You do not need a prescription to purchase at-home COVID-19 test kits.

If you have any further questions, please contact us at 877-815-1017 or AskEBD@dfa.arkansas.gov.

Thanks,

TSS Employee Benefits Division

COVID-19 OTC Antigen Test reimbursement request form

Use this form to request reimbursement for FDA-approved, at-home over-the-counter antigen tests. Please print clearly.
A receipt and the product box or a picture of the front of the box is required.
A separate form for each patient is required.

Member information

Patient ID: _____

Patient last name	First name	Middle initial
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Date(s) of purchase	Quantity
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Describe the test kit(s)

Please select the product/brand of OTC at-home test kit you purchased (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> BinaxNOW COVID-19 Antigen Self-Test (Abbott) | <input type="checkbox"/> Celltrion DiaTrust COVID-19 Ag Home-Test (Celltrion) |
| <input type="checkbox"/> COVID-19 At-Home Test (SD Biosensor) | <input type="checkbox"/> QuickVue At-Home OTC COVID-19 Test (Quidel) |
| <input type="checkbox"/> CLINITEST Rapid COVID-19 Antigen Self-Test (Siemens) | <input type="checkbox"/> Flowflex COVID-19 Antigen Home Test (ACON) |
| <input type="checkbox"/> iHealth COVID-19 Antigen Rapid Test (iHealth Labs) | <input type="checkbox"/> Ellume COVID-19 Home Test (Ellume) |
| <input type="checkbox"/> CareStart COVID-19 Antigen Home Test (Access Bio) | <input type="checkbox"/> On/go COVID Kit Antigen (Access Bio) |
| <input type="checkbox"/> BD Veritor At-Home COVID-19 Test (Becton Dickinson) | <input type="checkbox"/> OTC Antigen Kit 1-pack (CVS Pharmacy) |
| <input type="checkbox"/> SCoV-2 Ag Detect Rapid Self-Test (InBios) | <input type="checkbox"/> Other (include brand and name of test kit below) |
| <input type="checkbox"/> IntelliSwab COVID-19 Rapid Test (OraSure) | _____ |

Customer attestation

Please check yes or no for **all** of the following questions.

The over-the-counter test kit submitted for reimbursement on this form:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was purchased for employment purposes (If yes, STOP; this test is not eligible for reimbursement) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was purchased by the customer for personal use or the use of a covered plan member |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has been (or will be) reimbursed by another source |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has been (or will be) placed for resale |

Required documentation

When submitting your OTC test-kit claim, please include the required documentation with your form. Incomplete submissions may not be considered for reimbursement.

- Purchase Receipt clearly showing the date of purchase and testing kit charges.

The only tests eligible for reimbursement are for FDA-approved over-the-counter at-home COVID-19 antigen tests for diagnostic purposes.

Certification

- ☐ By submitting a manual claim for reimbursement of an Over the Counter COVID-19 test, the member is attesting that it was purchased for personal use, not for employment purposes, and will not be reimbursed by another source or used for resale.
- ☐ I acknowledge that any person who knowingly and with intent to defraud any insurance company or other person by (1) filing an application for insurance or statement of claim containing any materially false information; or (2) concealing for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime and may be subject to fines and confinement in prison.

Signature

Date signed (mm/dd/yyyy)

Return to:

Health Advantage
ATTN: Claims
P.O. Box 2181
Little Rock, Arkansas 72203-2181



Health Advantage

An Independent Licensee of the Blue Cross and Blue Shield Association