

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Office of the Senior Deputy Director/Medicaid Director**

**Transmittal # 22-08**

**TO:** District of Columbia Medicaid Providers

**FROM:** Melisa Byrd  
Senior Deputy Director and State Medicaid Director, DHCF

**DATE:** February 17, 2022

**SUBJECT: COVID-19 Test Kits Reimbursement Process**

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**Purpose**

Effective January 15, 2022, the Department of Health Care Finance (DHCF) will cover the cost or reimburse Medicaid beneficiaries for Food and Drug Administration (FDA) approved COVID-19 test kits purchased by the Medicaid beneficiary. District of Columbia (DC) Medicaid beneficiaries and those enrolled in the Alliance program are limited to four (4) test kits or eight (8) individual tests per month.

**Pharmacy Coverage**

COVID test kits or tests may be purchased at a retail pharmacy for all DC Medicaid and Alliance enrollees at no cost to the beneficiary. For Managed Care Organization (MCO) Medicaid enrollees and Fee-for-Service (FFS) beneficiaries, the claims shall be processed through the FFS Pharmacy Benefit Manager (PBM) Magellan:

**Plan Name/Group Name**  
**DCMedicaid**

**BIN: 018407**

**PCN: DCMC018407**

For COVID-19 test kits or tests purchased at a retail pharmacy for an Alliance enrollee, the claims shall be processed through the PBM of the assigned MCO.

**Reimbursement Process**

Medicaid beneficiaries and Alliance enrollees shall be reimbursed up to \$12 per test or \$24 per test kit when purchased from a store or online retailer. COVID-19 test(s) purchased at a network

provider will be reimbursed the actual costs of the test or test kit. Beneficiaries are limited to four (4) test kits or eight (8) individual tests per month.

1. Complete the attached Medicaid Reimbursement Form
2. Submit the completed Reimbursement Form and COVID-19 test kit receipt to:

**Recipients Claims Research Team  
DC Department of Health Care Finance  
441 4<sup>th</sup> Street NW, 900 South  
Washington, DC 20001  
ATTN: Reimbursement Team**

\*Request for reimbursement must be submitted within 180 days from the date of purchase.

If you have any questions regarding the pharmacy claims process, please contact Magellan PBM:

**For Providers:** 1-800-273-4962

**For beneficiaries:** 1-800-272-9679

If you have any questions about the out-of-pocket reimbursement, please contact Kenneth Gause or Pamela Stevenson, Health Care Operations Administration via telephone at (202) 698-2000.