

## COVID-19 TESTING AT PHARMACIES

Since the beginning of the COVID-19 pandemic, the Department of Health and Human Services has implemented multiple flexibilities to expand the ability of pharmacists to order and administer COVID-19 tests. The two major HHS actions were (1) an April 8, 2020 [guidance](#) from the Office of the Assistant Secretary for Health (OASH) designating pharmacists as “covered persons” under the PREP Act, shielding them from liability when administering Food and Drug Administration (FDA)-authorized tests; and (2) a May 8, 2020 Centers for Medicare and Medicaid Services (CMS) interim final rule ([IFR](#)) permitting Medicare payment for COVID-19 tests without a physician’s order and by any health practitioner, consistent with state law. Taken together, these actions give pharmacists the ability to administer COVID-19 tests.

The IFR, which is retroactively effective to March 1, 2020, temporarily lifts restrictions on practitioners that may order COVID-19 tests and receive payment under the Medicare program. It also lifts the requirement that COVID-19 tests be ordered in writing by a physician or other eligible non-physician practitioner. This new flexibility will be in effect through the end of the HHS-declared public health emergency. During the emergency, any health care professional authorized to do so under state law may order and administer tests for Medicare beneficiaries and receive payment for doing so. Pharmacists may also work under the supervision of a physician to provide assessment and specimen collection services. This policy also applies to testing for influenza and respiratory syncytial virus. Pharmacies must be enrolled in Medicare as laboratories and receive a waiver under the Clinical Laboratory Improvement Act in order to be reimbursed for administering tests.

Different modes of testing are reimbursed at different rates. CMS has [adopted](#) a payment rate effective April 14, 2020 for high-throughput tests that is double the usual rate in a bid to incentivize the use of such technologies. Collection was made separately reimbursable if it is the only service a beneficiary receives from a given provider. Medicare payments for tests are outlined below:

Service	Medicare Payment (approx.)
CDC RNA-based Lab Test	\$36
Non-CDC Lab Test	\$51
Lab Test Using High-Throughput Technology	\$100
Lab Specimen Collection from a Patient	\$23-\$25

In the IFR, CMS also lifts barriers to Medicaid coverage of COVID-19 testing in non-office settings. This accommodates non-traditional settings, such as parking lots, that have been set up as temporary testing facilities in order to maximize social distancing. The flexibility, which must be implemented by state Medicaid agencies, also applies to at-home specimen collection.

These actions acknowledge that pharmacists have a significant role to play in providing primary care services. Permitting pharmacists to perform basic tests and evaluations expands beneficiary access to primary care services. A success with this policy could result in increased willingness to expand pharmacists’ scope of practice in the future.