



Binax



Flowflex



CVS



Quickvue



iHealth



SIG



NPI

## COVID-19 At Home Test Kit (OTC) Billing without a prescription



**Always submit a single claim for the FULL test kit quantity requested by the patient**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### FOR DOCUMENTATION PURPOSES ONLY

Select OTC COVID-19 Test Kit Billed:

Date: \_\_\_\_\_

☐ BINAXNOW COVID-19 AG Self Test  
(1 box = 2 Tests)

• NDC: 11877-0011-40

☐ FLOWFLEX COVID-19 AG Home Test  
(1 box = 1 Test)

• NDC: 82607-0660-26

☐ CVS COVID-19 Home Test Kit  
(1 box = 2 Test)

• NDC: 50428-0521-30

☐ QUICKVUE AT-HOME COVID-19 Test  
(1 box = 2 Tests)

• NDC: 14613-0339-72

☐ iHEALTH COVID-19 AG Rapid Test  
(1 box = 2 Tests)

• NDC: 56362-0005-89

☐ Pilot COVID-19 At-HomeTest  
(1 box = 4 Tests)

• NDC: 87473-0000-20

*Directions (Sig):*

*Refer to Manufacturer instructions included in packaging*

# Individual Tests Billed: \_\_\_\_\_

Days Supply = 1 day per test

Refer to product packaging as some kits contain 1 test, others contain 2 tests

Search and Select NPI \*: 2223334444  
COVID OTC, TESTKIT

Origin Code: 5 (Pharmacy)

This documentation is for single claim use only

This is not a prescription and should only be used when claim billing allows COVID-19 At-home test kit without a prescription. Do not use for Standing Orders. Do not use instead of a valid prescription written by a licensed medical provider.

\* Disclaimer: NPI 2223334444 does not represent a prescription. This claim does not require a prescription. This ID is only being submitted as the Prescriber ID (411-DB) to satisfy payer adjudication system limitations that cannot support a blank value.

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