



79 C. Michael Davenport Blvd.
 Suite A
 Frankfort, KY 40601

September 17, 2010

RE: Diabetic Supplies

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services is making changes to the Kentucky Medicaid Durable Medical Equipment (DME) Program and the Pharmacy Program. **Beginning October 5, 2010, the diabetic supplies listed below will be processed through the pharmacy point-of-sale (POS) system .** Claims submitted for members who are Medicare primary, will continue to be processed through your DME provider number and not through the Pharmacy Program.

Diabetic supplies that will be billable through pharmacy POS are blood glucose meters, blood glucose test strips, urine test or reagent strips, blood ketone test or reagent strips, insulin syringes, pen needles, lancets, lancing devices and calibration solutions. The preferred Blood Glucose Meters are listed below. There will be no grandfathering of blood glucose testing supplies.

*** The products listed below are the preferred products for diabetic supplies.**

Manufacturer	Product	NDC
ABBOTT	FREESTYLE LITE	99073-0708-05
ABBOTT	FREESTYLE FREEDOM LITE	99073-0709-14
ABBOTT	PRECISION XTRA	57599-8814-01
LIFESCAN	ONE TOUCH ULTRA	53885-0247-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0419-01
LIFESCAN	ONE TOUCH ULTRA2	53885-0448-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0208-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0912-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0420-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0911-01
LIFESCAN	ONE TOUCH ULTRA MINI	53885-0421-01
LIFESCAN	ONE TOUCH ULTRASMART	53885-0524-01
ROCHE DIAGNOSTICS	ACCU-CHEK COMPACT PLUS	50924-0019-01
ROCHE DIAGNOSTICS	ACCU-CHEK ADVANTAGE	50924-0860-01

ROCHE DIAGNOSTICS	ACCU-CHEK ACTIVE	50924-0477-01
ROCHE DIAGNOSTICS	ACCU-CHEK AVIVA	65702-0101-10

Reimbursement: The payment algorithms for reimbursement will be the same as those currently applied to pharmacy claims.

Quantity Limits: The following quantity limits (QL) will be applied:

- Lancing Devices - Maximum quantity limit of 1 per every 6 months
- Lancets - Maximum quantity limit of 200 per month
- Syringe w/needle - Maximum quantity limit of 125 per month
- Pen Needles – Maximum quantity of 125 per month
- Blood-Glucose Meter - Maximum quantity limit of one meter per year
- Blood Sugar Diagnostics - Maximum quantity limit of 200 per month
- Urine Glucose Test, Strip - Maximum quantity limit of 200 per month
- Urine Actone Test, Tablet/Strip - Maximum quantity limit of 200 per month
- Urine Gluc-Acet Combination Test Strip - Maximum quantity limit of 200 per month

Copays: Copays for diabetic supplies will be calculated and applied to the annual \$225.00 out-of-pocket cap through the pharmacy program. There will be no copays applied to the meters. Remaining diabetic supplies will have a 3% copay with a maximum out-of-pocket of \$15.00 per month. Current exemptions from copays are still in effect.

Claim Adjudication: For assistance please contact the Technical Call Center at (800) 432-7005.

Prior Authorization: Requests can be made by contacting the Managed Access Program (MAP)/Prior Authorization department at (800) 477-3071. OR by completing a prior authorization request form located at <https://kentucky.fhsc.com>. Please fax all requests to Magellan Medicaid Administration at the following numbers:

- Non-Urgent: (800) 365-8835
- Urgent: (800) 421-9064
- Mental Health Providers: (800) 453-2273
- Long Term Care: (800) 453-2273

Diabetic Supply Information: For the posted list of preferred products and information relating to diabetic supplies please visit the pharmacy website at <https://kentucky.fhsc.com>. Please refer to the Diabetic Supplies tab.

Thank you for helping Kentucky Medicaid members maintain access to pharmacy coverage by selecting products on the preferred list whenever possible.

Sincerely,

Kasie Purvis
Provider Relations Manager