



**** Fee-For-Service Pharmacy Provider Notice #253 – BD Diabetic Supplies****

March 24, 2021

Please be advised that the reimbursement price for the below products was lower than what the Department for Medicaid Services intended. Any pharmacy that submitted a KY Fee-For-Service (FFS) claim on or after date of service 01/01/2021 and the reimbursement was paid at maximum allowable cost (MAC), will be subject to a mass adjustment being performed by Magellan. That claim adjustment will be completed by 03/30/2021. Any claims submitted after 03/19/2021 have been reimbursed appropriately and no action is needed. This is for FFS ONLY, Managed Care Organization (MCO) claims were not affected.

Manufacturer	Product	NDC
BECTON DICKINSON	BD UF SHORT PEN NEEDLE 8MMX31G	8290320109
BECTON DICKINSON	BD UF MINI PEN NEEDLE 5MMX31G	8290320119
BECTON DICKINSON	BD UF NANO PEN NEEDLE 4MMX32G	8290320122
BECTON DICKINSON	BD NANO 2 GEN PEN NDL 32GX4MM	8290320550
BECTON DICKINSON	BD UF MICRO PEN NEEDLE 6MMX32G	8290320749
BECTON DICKINSON	BD UF ORIG PEN NDL 127MMX29G	8290328203
BECTON DICKINSON	BD AUTOSHIELD DUO NDL 5MMX30G	8290329515
BECTON DICKINSON	BD VEO INS SYRN 03 ML 6MMX31G	8290324909
BECTON DICKINSON	BD VEO INS 03ML 6MMX31G 1-2	8290324910
BECTON DICKINSON	BD VEO INS SYRN 05 ML 6MMX31G	8290324911
BECTON DICKINSON	BD VEO INS SYRING 1 ML 6MMX31G	8290324912
BECTON DICKINSON	BD INS SYRN UF 1 ML 127MMX30G	8290328411
BECTON DICKINSON	BD INSULIN SYR UF 1 ML 8MMX31G	8290328418
BECTON DICKINSON	BD INS SYR UF 03ML 127MMX30G	8290328431
BECTON DICKINSON	BD INS SYRNG UF 03 ML 8MMX31G	8290328438
BECTON DICKINSON	BD INS SYR 03 ML 8MMX31G1-2	8290328440
BECTON DICKINSON	BD INS SYR UF 05ML 127MMX30G	8290328466
BECTON DICKINSON	BD INS SYRNG UF 05 ML 8MMX31G	8290328468

Thank you for assisting Kentucky Medicaid members in accessing these preferred diabetic supplies. Please contact the Kentucky Magellan Medicaid Administration team at kyproviders@magellanhealth.com for additional information or questions you may have.

Sincerely,

Laurie Perry

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Account Operations Executive

kyproviders@magellanhealth.com

Kentucky Medicaid Fee-for-Service Pharmacy Program's Contact Information		
Clinical Support Center	1-800-477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request.
Pharmacy Support Center	1-800-432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this Call Center.
Provider Services	1-877-838-5085 Monday – Friday 8:00 a.m. – 4:30 p.m.	Please contact Provider Services if you have questions about enrollment or when updating your license or bank information.
Member Services	1-800-635-2570 Monday – Friday 8:00 a.m. – 5:00 p.m.	Please contact Member Services if you are a member or if you as the provider have questions regarding the member's benefits or eligibility coverage dates.