

Bulletin Number: MSA 14-44

Distribution: Medical Suppliers, Physicians, Medicaid Health Plans (MHP)

Issued: October 1, 2014

Subject: Changes to Coverage of Blood Glucose Testing Supplies

Effective: November 1, 2014

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan

This policy applies to Fee-for-Service Medicaid. For beneficiaries enrolled in a Medicaid Health Plan (MHP), providers should contact the MHP for policy and coverage information.

The purpose of this bulletin is to inform providers of changes to coverage of blood glucose testing supplies. To align with Medicare, other insurers, recommendations from the American Diabetes Association (ADA), American Association of Clinical Endocrinologists (AACE) and the Center for Disease Control (CDC), the following changes are effective November 1, 2014:

Adults (Ages 21 and Over) Diagnosed With Diabetes

Procedure Code	Insulin-Treated Adults	Non-Insulin Treated Adults
A4259 Lancets (100 per box)	1 box per month	1 box per 3 months
A4253 Blood glucose/reagent test strips (50 per box)	2 boxes per month	2 boxes per 3 months

Diabetes medications (i.e. metformin, Januvia, etc.) do not qualify as insulin treatment.

Children (Under Age 21) Diagnosed With Diabetes

Procedure Code	Limits
A4259 Lancets (100 per box)	3 boxes per month
A4253 Blood Glucose/reagent test strips (50 per Box)	6 boxes per month

For medical need beyond the standards of coverage and quantity limits listed in policy, providers may submit requests for prior authorization.

Urine Test/Reagent Strips or Tablets (A4250 100 Tablets or Strips)

The use of urine testing for glucose levels has largely been replaced in the medical industry by the more accurate blood glucose testing. Urine testing for glucose is usually only recommended if blood glucose testing is not available.

The limits for A4250 will be changed to 1 box (100 per box) per month for all age groups.

Addition to Documentation Requirements

The physician order must indicate whether the beneficiary is insulin/non-insulin treated. Providers are expected to submit claims using the proper International Classification of Diseases coding conventions.

Refer to the Medicaid Provider Manual, Medical Supplier Chapter for complete policy information. The Medicaid Provider Manual can be accessed on the web at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Stephen Fitton, Director
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