

NYS Medicaid Preferred Diabetic Supply Program Fact Sheet

The New York State Medicaid Program participates in a Preferred Diabetic Supply Program (PDSP) to provide New York State Medicaid enrollees access to quality glucose meters and test strips, while at the same time reducing overall program costs.

Background:

New York State implemented a Preferred Diabetic Supply Program for Fee-for-Service beneficiaries on October 1, 2009. Section 1 of Part F of Chapter 497 of the Laws of 2008 required New York's Medicaid program to implement the PDSP in order to receive manufacturer rebates on preferred blood glucose monitors and test strips.

Key Features:

- **Access:** Enrollees obtain blood glucose monitors and test strips from their pharmacy or durable medical equipment (DME) provider.
- **Preferred Products:** The PDSP offers several glucose monitors and test strips for use.
Non-Preferred Products: Medicaid edits claims to assure that the submitted claim is for a preferred diabetic supply product. If preferred products do not meet a beneficiary's medical needs, a prior authorization (PA) may be required. To request a PA for a non-preferred product the provider must utilize the DME Dispensing Validation System (DVS) to obtain it. The billing for the non-preferred product will be via the HCPCS codes on the DME claim form. More information can be found at:
https://www.emedny.org/ProviderManuals/DME/PDFS/DME_Billing_Guidelines.pdf
If a PA is required, additional information on how to obtain a non-preferred DME DVS PA can be found here: [https://www.emedny.org/providermanuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/providermanuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf)
- **Exclusions:** Voice Synthesized Blood Glucose Monitors ("talking" monitors) and Disposable Blood Glucose Monitors are excluded from PDSP coverage. These products continue to be covered by Medicaid through the existing DME Dispensing Validation System (DVS) PA process.
- **Dually Eligible Beneficiaries:** When billing for Medicare beneficiaries, NDCs should be used and in fact are required when Medicare has approved "0".
- **Reimbursement:** Reimbursement for preferred products cannot exceed the lower of the usual and customary charge nor the fee for each NDC on the List of Medicaid Reimbursable Drugs.
- **Quantity Limits:** Effective July 20, 2017, quantity limits will be applied based on diagnosis for preferred test strips:
 - For those beneficiaries who are Type 1 Diabetics: 300 strips per 30 days
 - For those beneficiaries who are Type 2 Diabetics: 100 strips per 30 days

Note: Previous frequency/quantity editing will continue to be applied for non-preferred test strips

Additional Resources:

Preferred Diabetic Supply Program Policy - (518) 486-3209
Office of Health Insurance Programs Operations (DME)- (800) 342-3005
Prior Authorization for **Preferred Test Strip Quantity Limits Only** - (877) 309-9493
Claims Billing - (800) 343-9000

<https://newyork.fhsc.com/providers/diabeticsupplies.asp>
http://www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm
<http://www.emedny.org/ProviderManuals/DME/index.html>