

NYS Diabetic Supplies

Effective: 5/01/2020

Manufacturer	Product	NDC	Description
ABBOTT	FREESTYLE FREEDOM LITE	99073070914	Meter
ABBOTT	FREESTYLE INSULINX	99073071143	Meter
ABBOTT	FREESTYLE LITE METER	99073070805	Meter
ABBOTT	FREESTYLE PRECISION NEO METER	57599517501	Meter
ABBOTT	PRECISION XTRA MONITOR	57599881401	Meter
ABBOTT	FREESTYLE INSULINX TEST STRIP	99073071231	Strips
ABBOTT	FREESTYLE INSULINX TEST STRIPS	99073071227	Strips
ABBOTT	FREESTYLE LITE TEST STRIP	99073070822	Strips
ABBOTT	FREESTYLE LITE TEST STRIP	99073070827	Strips
ABBOTT	FREESTYLE PREC NEO TEST STRIPS	57599157701	Strips
ABBOTT	FREESTYLE PREC NEO TEST STRIPS	57599157904	Strips
ABBOTT	FREESTYLE TEST STRIPS	99073012050	Strips
ABBOTT	FREESTYLE TEST STRIPS	99073012101	Strips
ABBOTT	PRECISION XTRA TEST STRIPS	57599972804	Strips
ABBOTT	PRECISION XTRA TEST STRIPS	57599987705	Strips
ABBOTT	FREESTYLE LIBRE 10 DAY READER	57599000021	Reader
ABBOTT	FREESTYLE LIBRE 14 DAY READER	57599000200	Reader
ABBOTT	FREESTYLE LIBRE 10 DAY SENSOR	57599000019	Sensor
ABBOTT	FREESTYLE LIBRE 14 DAY SENSOR	57599000101	Sensor
ABBOTT	PRECISION XTR B-KETONE STRIP	57599074501	Ketone Strips
ASCENSIA	CONTOUR METER	00193718901	Meter
ASCENSIA	CONTOUR NEXT METER	00193737701	Meter
ASCENSIA	CONTOUR NEXT EZ METER	00193725201	Meter
ASCENSIA	CONTOUR NEXT ONE METER	00193781801	Meter
ASCENSIA	CONTOUR NEXT TEST STRIP	00193731025	Strips
ASCENSIA	CONTOUR NEXT TEST STRIP	00193731150	Strips
ASCENSIA	CONTOUR NEXT TEST STRIP	00193731221	Strips
ASCENSIA	CONTOUR TEST STRIP	00193707025	Strips
ASCENSIA	CONTOUR TEST STRIP	00193708050	Strips
ASCENSIA	CONTOUR TEST STRIP	00193709021	Strips
DEXCOM	DEXCOM G6 RECEIVER	08627009111	Meter
DEXCOM	DEXCOM G5-G4 SENSOR KIT	08627005104	Sensor
DEXCOM	DEXCOM G6 SENSOR	08627005303	Sensor
DEXCOM	DEXCOM G5 TRANSMITTER KIT	08627001401	Transmitter
DEXCOM	DEXCOM G6 TRANSMITTER	08627001601	Transmitter
INSULET	OMNIPOD DASH PDM KIT	08508200000	Kit
INSULET	OMNIPOD STARTER KIT	08508114002	Kit
INSULET	OMNIPOD DASH 5 PACK POD	08508200005	Pod
INSULET	OMNIPOD 5 PACK POD	08508112005	Pod
LIFESCAN	ONETOUCH ULTRA2 GLUCOSE SYST	53885004601	Meter
LIFESCAN	ONETOUCH VERIO FLEX SYSTEM KIT	53885004401	Meter
LIFESCAN	ONETOUCH VERIO REFLECT SYSTEM	53885092701	Meter
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	53885024450	Strips
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	53885024510	Strips
LIFESCAN	ONETOUCH ULTRA BLUE TEST STRP	53885099425	Strips
LIFESCAN	ONETOUCH VERIO TEST STRIP	53885027025	Strips
LIFESCAN	ONETOUCH VERIO TEST STRIP	53885027150	Strips
LIFESCAN	ONETOUCH VERIO TEST STRIP	53885027210	Strips

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>