NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

Blood Glucose Testing and Monitoring Changes

As part of ongoing efforts to ensure optimal care for Medicaid members who require blood glucose testing, the Medicaid Program is making important changes to the coverage of blood glucose testing supplies, aligning with Medicare coverage criteria. This update is designed to promote effective testing habits to support individuals managing their diabetes. Changes to the supply limits for test strips and lancets and the implications for pharmacies and healthcare providers, are explained below:

Overview of the New Medicaid Policy

Effective October 1, 2024, the Medicaid blood glucose testing supply coverage will align with Medicare policies. The new guidelines are as follows:

- **Members using insulin:** Those who require insulin for blood glucose management will be eligible to receive **up to 300 test strips and 300 lancets every three months**.
- **Members not using insulin:** For individuals managing their diabetes without insulin, the allowance will be **up to 100 test strips and 100 lancets every three months**.

Why This Change Matters

- **Simplifying Access:** Aligning Medicaid policies with the latest clinical guidelines simplifies the process for both pharmacies and physicians, ensuring that beneficiaries receive the supplies they need without unnecessary hurdles.

Key Actions for Pharmacies and Practitioners

To facilitate a smooth transition to the updated policy, we recommend the following actions for pharmacies and healthcare providers:

- **Educate Patients:** Patients with diabetes should be informed about their current testing habits. Pharmacy personnel and healthcare providers should take the initiative to communicate these changes during patient interactions.
- **Promote Effective Monitoring:** For those patients not currently on an adequate testing regimen, encourage establishing a regular routine for blood glucose monitoring, emphasizing the importance of being proactive in managing their condition.
- **Understand Claims Processing Limitations:** Edit 00710 will be triggered for claims exceeding the above frequency limitations. Providers should verify the prescription directions for use and consult the prescriber, as necessary, on any changes. Frequency/Quantity/Duration amounts over the current criteria may be considered, on a case-by-case basis, for limited durations. An example of a medical exception to this limitation could be a patient, with a diagnosis of gestational diabetes, requiring more frequent monitoring for a period of time.

Reminder for Pharmacies and Practitioners

New York Medicaid policy requires that practitioners provide a valid International Classification of Diseases, Tenth Revision (ICD-10) on prescriptions for diabetic supplies. The ICD-10 must be submitted using the National Council for Prescription Drug Programs (NCPDP) D.0 claim format.

The following are the NCPDP fields utilized to report the ICD-10

NCPDP D.0 Claim Segment Field*	Value
424-DO	ICD10 code identifying diagnosis of the patient. Do not transmit the decimal point for ICD codes, decimal point is implied.
491-VE	Maximum count of 5.
492-WE	Code qualifying the 'Diagnosis Code' sent '02' = ICD10 coding

*The NCPDP D.0 Companion Guide can be found on the eMedNY 5010/D.0 Transaction Instructions web page.

Questions and Additional Information

- Additional resources, regarding the new policy changes, can be also found on the NYRx Preferred Diabetic Supply Program (PDSP) Fact Sheet .
- Medicare Coverage Database (MCD) Glucose Monitor-Policy Article- A52464: Available online at: Article - Glucose Monitor - Policy Article (A52464) (cms.gov)
- NYRx coverage and policy questions should be directed to the Medicaid Pharmacy Unit by telephone at (518) 486-3209 or by email at NYRx@health.ny.gov.
- Billing and claims processing questions should be directed to the eMedNY Call Center at (800) 343-9000.