ForwardHealth
Wisconsin serving you

Update
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Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Blood Banks, Dentists, Dispensing Physicians, Federally Qualified Health Centers, Hospital Providers, Individual Medical Supply Providers, Medical Equipment Vendors, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Diabetic Supply Policy Changes

This *ForwardHealth Update* modifies previously published diabetic supply policy for dates of service on and after June 1, 2010.

Diabetic supply policy changes indicated in the April 2010 *ForwardHealth Update* (2010-30), titled "Changes for Diabetic Supplies," affected members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Benchmark Plan, the BadgerCare Plus Core Plan, the BadgerCare Plus Basic Plan, and Medicaid. Policies discussed in *Update* 2010-30 were effective for dates of service on and after June 1, 2010. Information in this *Update* modifies certain diabetic supply policies that were published in *Update* 2010-30.

Batteries for Blood Glucose Monitors

A National Drug Code (NDC) is not indicated on certain packages of batteries for blood glucose monitors; therefore, providers have been unable to submit claims for certain batteries using NDCs. Retroactive to dates of service (DOS) on and after June 1, 2010, a Healthcare Common Procedure Coding System (HCPCS) procedure code must be indicated on professional claims for all batteries for blood glucose monitors.

For DOS starting June 1, 2010, to December 31, 2010, claims may be submitted with either NDCs or HCPCS procedure codes for batteries used for blood glucose monitors.

Effective for DOS on and after January 1, 2011, NDCs should *not* be indicated on claims for batteries for blood glucose monitors. A valid HCPCS procedure code must be indicated on claims for batteries for blood glucose monitors.

One of the following HCPCS procedure codes must be indicated on claims for batteries for blood glucose monitors:

- A4233 (Replacement battery, alkaline [other than J cell], for use with medically necessary home blood glucose monitor owned by patient, each).
- A4234 (Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each).
- A4235 (Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each).
- A4236 (Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each).

This policy replaces previously published policy stating that an NDC must be indicated on noncompound drug claims for batteries for blood glucose monitors.

Policies and quantity limits for batteries for blood glucose monitors revert to the previous HCPCS procedure code policy.

A current, approved quantity limit override for batteries for blood glucose monitor claims submitted with an NDC will be honored until the expiration date of the override or until December 31, 2010, whichever is earlier. The NDC on the approved override must continue to be indicated on claims for services for which the override request was approved.

Reagent Strips

National Drug Codes for reagent strips are currently limited to a diagnosis of diabetes; therefore, retroactive to DOS on and after June 1, 2010, HCPCS procedure code A4250 (Urine test or reagent strips or tablets [100 tablets or strips]) must be indicated on professional claims for reagents strips. This policy replaces previously published policy stating that an NDC must be indicated on noncompound drug claims for reagent strips.

For DOS from June 1, 2010, to December 31, 2010, claims may be submitted with either NDCs or HCPCS procedure codes for reagent strips.

Effective for DOS on and after January 1, 2011, NDCs should *not* be indicated on claims for reagent strips. A valid HCPCS procedure code must be indicated on claims for reagent strips.

Policies and quantity limits for reagent strips revert to the previous HCPCS procedure code policy.

A current, approved quantity limit policy override for reagent strip claims submitted with an NDC will be honored until the expiration date of the override or until December 31, 2010, whichever is earlier. The NDC on the approved override must continue to be indicated on claims for services for which the override request was approved.

Huber Needles

Huber needles were not intended to be a part of the diabetic supply project; therefore, retroactive to DOS on and after June 1, 2010, HCPCS procedure code A4215 (Needle, sterile, any size, each) and modifier 59 (Huber needles) must be indicated on professional claims for huber needles. This policy replaces previously published policy stating that an NDC must be indicated on all claims for needles. Claims for huber needles submitted with HCPCS procedure code A4215 without modifier 59 will be denied.

Prior authorization requests retroactive to June 1, 2010, to exceed quantity limits for huber needles must be submitted on paper with "Retroactive Prior Authorization" written on top of the Prior Authorization Request Form (PA/RF), F-11018 (10/08).

Policies and quantity limits for huber needles revert to the previous HCPCS procedure code policy.

HCPCS Procedure Codes on Claims for Syringes

Syringes are used for more than the treatment of diabetes; therefore, the following HCPCS codes for syringes may continue to be indicated on professional claims:

- A4206 (Syringe with needle, sterile 1cc or less, each).
- A4207 (Syringe with needle, sterile 2cc, each).
- A4208 (Syringe with needle, sterile 3cc, each).
- A4209 (Syringe with needle, sterile 5cc or greater, each).
- A4213 (Syringe, sterile, 20cc or greater, each).
- A4215-59 (Syringe, 50/60 cc).

For a complete list of non-reimbursable HCPCS procedure codes, providers should refer to the Attachment of this *ForwardHealth Update*.

Reusable Injection Pens

Reusable injection pens may be used for more than the treatment of diabetes; therefore, retroactive to DOS on and after June 1, 2010, reusable injection pens are *not* diagnosis restricted. Providers must continue to indicate an NDC on claims for reusable injection pens.

Effective for DOS on and after June 1, 2010, quantity limits have been applied to reusable injection pens. Members are limited to one reusable injection pen every six months.

Providers may dispense up to the allowed quantity to members but may not exceed the quantity limit without requesting a quantity limit override. To request an override of quantity limits, providers may contact the Drug Authorization and Policy Override (DAPO) Center at (800) 947-9627, option 7.

For more information about the DAPO Center, providers may refer to the Online Handbook on the ForwardHealth Portal at *www.forwardhealth.wi.gov/*.

Diagnosis Restriction

As a reminder, diabetic supplies are covered without PA for a diagnosis of diabetes. For a list of these diagnoses, providers may refer to the Pharmacy page of the ForwardHealth Portal.

Some diabetic supplies may be used to treat or monitor conditions related to diabetes. Prior authorization may be approved for blood glucose meters, blood glucose strips, control solutions, lancets, and lancet devices if the member has one of the following diagnoses:

- 249.00 (Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified).
- 249.01 (Secondary diabetes mellitus without mention of complication, uncontrolled).
- 250.8 (Diabetic Hypoglycemia).
- 251.1 (Other specified hypoglycemia, Hyperinsulinism).
- 277.7 (Dysmetabolic syndrome X).
- 790.21 (Impaired fasting glucose).
- 790.22 (Abnormal glucose tolerance test).

A diagnosis from the ones listed above must be included on the PA request and on claims.

To request prior authorization for members having one of the diagnoses above, providers are required to submit the following:

- A PA/RF.
- A Prior Authorization/Drug Attachment (PA/DGA), F-11049 (10/08).
- Supporting documentation.

If the PA request is denied, the supply is considered noncovered. Prior authorization requests are only considered for members enrolled in the Standard Plan and Medicaid.

Under certain circumstances, blood glucose meters, blood glucose strips, control solutions, lancets, and lancet devices may be dispensed in an emergency. When a diabetic supply item is necessary for treating a member with one of the diagnoses listed above, an emergency supply may be dispensed before the PA is submitted and processed. ForwardHealth strongly encourages pharmacy providers to dispense a 14-day emergency supply of the diabetic supply item when a member receives a prescription for a covered supply with a PA restriction and the physician cannot be reached to request a PA be submitted. Providers may dispense up to two consecutive 14-day emergency supplies of a supply while a PA request is under review.

Diabetic supplies used for treatment outside approved diagnoses are considered noncovered services for members enrolled in the Benchmark Plan, the Core Plan, and the Basic Plan.

Diabetic Supplies Covered by Medicare Part B

Currently, Medicare Part B covers the following diabetic supplies:

- Blood glucose monitors.
- Blood glucose test strips.
- Control solutions.
- Lancets.
- Lancet devices.

Claims for dual eligibles enrolled in the Standard Plan and Medicaid should first be submitted to Medicare Part B. Claims that are reimbursed by Medicare Part B should automatically cross over to ForwardHealth. Claims that are reimbursed by Medicare Part B that fail to cross over to ForwardHealth must be submitted on the 1500 Health Insurance Claim Form with the appropriate HCPCS procedure code.

As a reminder, if Medicare Part B denies a claim for diabetic supplies provided to a member who is covered by the Standard Plan or Medicaid, the provider may submit a claim for those services to ForwardHealth. Medicare Part B-denied crossover claims must be submitted to ForwardHealth electronically on a Compound Drug Claim form, F-13073 (10/08), or a Noncompound Drug Claim form, F-13072 (10/08), with an NDC and the appropriate other coverage code.

Note: Medicare claims that were denied for provider billing errors must be corrected and resubmitted to Medicare before the claim may be submitted to ForwardHealth.

Diabetic Supplies Covered by Medicare Part D

Currently, diabetic supplies associated with the administration of insulin may be covered for members with Medicare Part D. Providers should contact the member's Medicare Part D Prescription Drug Plan (PDP) for information about the PDP's diabetic supply policy.

"Not for Retail Sale" Products

ForwardHealth does not reimburse for diabetic supplies considered "not for retail sale" by the manufacturer. "Not for retail sale" products are considered noncovered. Providers should refer to the Diabetic Supply — Quick Reference on the Pharmacy page in the Providers area of the Portal for a complete list of covered NDCs for diabetic blood glucose meters and test strips.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's managed care organization. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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ATTACHMENT
HCPCS Procedure Codes for Diabetic Supplies That Are Not Reimbursable

Effective for dates of service (DOS) on and after June 1, 2010, the following Healthcare Common Procedure Coding System (HCPCS) procedure codes will no longer be accepted on claims for diabetic supplies, with two exceptions. HCPCS procedure codes may be indicated on claims if a provider has an approved prior authorization on file with ForwardHealth or if reimbursement was issued on a Medicare Part B crossover claim.

Procedure Code	Description
A4215-59*	Needle, sterile, any size, each
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips [TYPE II Diabetics]
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips [TYPE I Diabetics]
A4256	Normal, low and high calibrator solution/chips
A4258	Spring-powered device for lancet, each
A4258	Insulin pen
A4259	Lancets, per box of 100 [Type II Diabetics]
A4259	Lancets, per box of 100 [Type I Diabetics]
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
S8490	Insulin syringes (100 syringes, any size)

* As a reminder, effective for DOS on and after June 1, 2010, HCPCS procedure code A4215 and modifier 59 (Huber needles) must be indicated on professional claims for huber needles.