

April 1, 2013

Montana Health Care Programs Notice

Durable Medical Equipment

Effective Immediately

Home Blood Glucose Monitors and Related Accessories and Supplies

The purpose of this provider notice is to reinforce existing policy and rules in regard to Home Blood Glucose Monitors and the related accessories and supplies. In accordance with Administrative Rules of Montana (ARM) 37.86.1802, Montana Medicaid has adopted Medicare coverage criteria for Medicare covered durable medical equipment as outlined in the Region D Supplier Manual, local coverage determinations (LCDs) and national coverage determinations (NCDs). For prosthetic devices, durable medical equipment, and medical supplies not covered by Medicare coverage will be determined by the Department.

The Department shall follow the criteria set forth in the LCD for Glucose Monitors (L196) which specifically states the following:

To be eligible for coverage of home blood glucose monitors and related accessories and supplies, the beneficiary must meet both of the following basic criteria (1)–(2):

- (1) The beneficiary has diabetes (ICD-9 codes 249.00-250.93); and
- (2) The beneficiary's physician has concluded that the beneficiary (or the beneficiary's caregiver) has sufficient training using the particular device prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing.

For all glucose monitors and related accessories and supplies, if the basic coverage criteria (1)–(2) are not met, the item(s) will be denied as not reasonable and necessary. The only exception to this policy would be for women with Gestational Diabetes.

Change in Maximum Units Allowed

Effective immediately, Montana Medicaid will also follow the allowable unit amounts set by Medicare for lancets and test strips:

Utilization:

- For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if the basic coverage criteria (1)–(2) (above) are met.
- For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered if basic coverage criteria (1)–(2) (above) are met.

Medicaid will also require the use of additional ICD-9 code to identify any associated insulin use (V58.67).

The LCD can be found on the Noridian website: <https://www.noridianmedicare.com/dme/coverage>.

Contact Information

If you have any questions, please contact Donna Shorten at (406) 444-5296 or DShorten@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.