## Update to Diabetic Supply Coverage Policy

Effective for dates of service October 1, 2010, and thereafter, Alabama Medicaid changed the current diabetic supply policy as follows:

## Non-Insulin Dependent Recipients:

Claims for non-insulin dependent recipients must be filed with the procedure code WITHOUT using a modifier.
A4253 - Blood glucose test or reagent strips for home blood glucose monitor, per box of 50 , will be limited to two boxes every three months (providers may bill these strips two boxes in a one month period).
A4259 - Lancets, per box of 100, will be limited to one box every three months.

## Insulin Dependent Recipients:

Claims for insulin dependent recipients must be filed WITH the procedure code and MODIFIER U6
A4253 (U6) -Blood glucose test or reagent strips for home blood glucose monitor, per box of 50 will be limited to three boxes per month for insulin dependent recipients age 21 and above.
A4253 (U6) -Blood glucose test or reagent strips for home blood glucose monitor, per box of 50 will be limited to four boxes every month for insulin dependent recipients age 0-20.

A4259 (U6) -Lancets, per box of 100 will be limited to two boxes per month for insulin dependent diabetics regardless of age.

If recipients require additional strips or lancets above the Medicaid established limits, providers must submit peer reviewed literature justifying the need.

## Recipients with Gestational Diabetes:

Effective March 1, 2012, DME diabetic testing supplies claims billed for recipients with Gestational Diabetes must contain a diagnosis code in the range of 64880 through 64884.
A4259 - Lancets, per box 100, will be limited to two per calendar month
A4253 - Blood glucose test or regent strips for home blood glucose monitor, per box of 50 , will be limited to four per calendar month.

These claims will be processed electronically by HP. All documentation must be kept in the recipient's file and will be monitored by Alabama Medicaid on a quarterly basis.

