

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2023114 SEPTEMBER 7, 2023

IHCP summarizes billing guidelines for diabetes testing supplies

The Indiana Health Coverage Programs (IHCP) announced updates to the Preferred Diabetes Supply List (PDSL), including newly added continuous glucose monitoring (CGM) products, effective for dates of service (DOS) on or after Jan. 1, 2023, in *IHCP Bulletin* [BT2022119](#). Also announced, in *IHCP Bulletins* [BT202227](#) and [BT2022121](#), were updates to Healthcare Common Procedure Coding System (HCPCS) codes that included new CGM procedure codes.

Prior authorization (PA)

PA criteria for CGM and self-blood glucose monitoring (SBGM) products are as follows:

- Continuous glucose monitoring (CGM)
 - PA for PDSL CGM products is not required for claims with DOS on or after Jan. 1, 2023.
 - PA for CGM products, not listed on the PDSL, is required for claims with DOS on or after April 1, 2022.
 - PA for a nonpreferred product must demonstrate medical necessity in lieu of a preferred product.
 - Existing PAs for nonpreferred products will be honored for the duration of the PA approval period.
- Self-blood glucose monitoring (SBGM)
 - PA for PDSL SBGM products is not required.
 - PA for SBGM products, not listed on the PDSL, is required.
 - PA for a nonpreferred product must demonstrate medical necessity in lieu of a preferred product.
 - Existing PAs for nonpreferred products will be honored for the duration of the PA approval period.



Professional claims

For covered diabetes testing supplies procedure codes, see Table 1. These codes are covered under Traditional Medicaid and other IHCP programs that include full Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.

Table 1 – IHCP-covered CGM and SBGM procedure codes

Procedure code	Description
A4238	Supply allowance for adjunctive continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 unit of service
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
E0607	Home blood glucose monitor
E2102	Adjunctive continuous glucose monitor or receiver
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver

Professional claims for preferred and nonpreferred diabetes testing supplies must include the product's 11-digit National Drug Code (NDC) or unique device identifier (UDI).

Claims for CGM and SBGM products are priced according to the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers. Blood glucose test strip and lancet claim processing requirements, quantity limits and PA criteria, outlined in the [Durable and Home Medical Equipment and Supplies](#) provider reference module, remain unchanged.

Pharmacy claims

Pharmacy providers are reminded that diabetes testing supplies claims must be submitted via point-of-sale (POS), including claims from pharmacies enrolled as durable medical equipment (DME) (specialty code 250) providers. Pharmacy providers should follow billing instructions in the [Pharmacy Services](#) module.

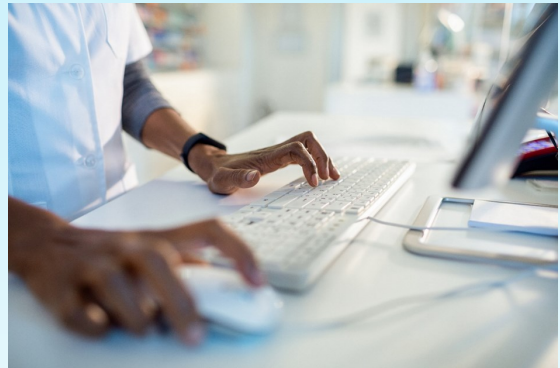
Medicare crossover claims

The IHCP accepts Medicare crossover claims for diabetes test strip procedure codes with DOS that span 90 days. For affected procedure codes, see [Durable and Home Medical Equipment and Supplies Codes](#), accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

For more information

The PDSL can be found on the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/provider. Pharmacy providers should refer to the [Pharmacy Services](#) provider reference module for current guidance regarding fee-for-service (FFS) claims for PDSL products.

Please direct PDSL-related questions about FFS members to the Optum Rx Clinical and Technical Help Desk by calling toll-free 855-577-6317. Questions regarding benefits and claims for members in Healthy Indiana Plan (HIP), Hoosier Care Connect and Hoosier Healthwise should be directed to the managed care entity (MCE) with which the member is enrolled.



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