



**Diabetic Supply Program Billing Information**

**Nevada Medicaid Pharmacy Benefit Preferred Products Coverage**

Effective with dates of service on or after January 6, 2020, the preferred products below (and their corresponding test strips) are covered through the Pharmacy (provider type 28) benefit:

Preferred diabetic products for meters and test strips:		
OneTouch®, Ultra®, Verio Reflect® and Trividia Health True Metrix®.		
Preferred Continuous Glucose Monitors (CGMs)		Preferred Insulin Delivery System
<b>Dexcom G6® CGM System</b>	<b>FreeStyle Libre 14-Day® CGM System</b>	<b>The Omnipod DASH™ 5 System</b>
<i>Dexcom G6® SENSOR 3-PACK, RETAIL NDC: 08627-0053-03</i>	<i>FreeStyle Libre 14-Day® Reader NDC: 57599-0002-00</i>	<i>Omnipod Dash™ 5 pack Pods NDC: 08508-2000-05</i>
<i>Dexcom G6® RECEIVER KIT NDC: 08627-0091-11</i>	<i>FreeStyle Libre 14-Day® Sensor NDC: 57599-0001-01</i>	
<i>Dexcom G6® TRANSMITTER KIT NDC: 08627-0016-01</i>		

- For additional information on how to receive Dexcom G6® products, please contact (702) 569-5855 and visit <https://provider.dexcom.com>
- For additional information on how to receive the FreeStyle Libre® Reader and Sensor, please contact (855) 632-8658 and visit <https://www.freestylelibre.us/system-overview/freestyle-14-day.html>
- For additional information on how to receive the Omnipod Dash® 5, please contact (800) 591-3455, Option 2 and visit <https://www.myomnipod.com/DASH>

**Resources:**

- Prior Authorization Forms: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx> under “Diabetic Supply Forms.”
- Quantity Limits: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>
- Medicaid Services Manual (MSM) Policy:
  - Pharmacy (PT 28): <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
  - DMEPOS (PT 33): <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1300/Chapter1300/>

**Please note: Recipients who are legally blind may obtain specialized monitors through the prior authorization process.**