

**Nevada Medicaid and Nevada Check Up
Diabetic Supply Program Billing Information**

Nevada Medicaid covers only the monitors and test strips listed below.*

Recipients who are legally blind may obtain specialized monitors through the prior authorization process.

Effective January 1, 2017

Product Number	Description	NDC	UPC
70552	MediSense Control Solution (for Precision Xtra)	57599-0552-01	0-93815-70552-9
98814	Precision Xtra® Meter	57599-8814-01	0-93815-98814-4
99728	Precision Xtra® Test Strips 50 ct.	57599-9728-04	0-93815-99728-3
99877	Precision Xtra® Test Strips 100 ct.	57599-9877-05	0-93815-99877-8
70745	Precision Xtra® Beta Ketone Test Strips 10 ct.	57599-0745-01	0-93815-70745-5
70914	FreeStyle Freedom® Lite Meter	99073-0709-14	6-99073-70914-1
70805	FreeStyle Lite® Meter	99073-0708-05	6-99073-70805-2
70822	FreeStyle Lite® Test Strips 50 ct.	99073-0708-22	6-99073-70822-9
70827	FreeStyle Lite® Test Strips 100 ct.	99073-0708-27	6-99073-70827-4
12050	FreeStyle® Test Strips 50 ct.	99073-0120-50	6-99073-12050-2
12101	FreeStyle® Test Strips 100 ct.	99073-0121-01	6-99073-12101-1
71143	FreeStyle InsuLinx Meter	99073-0711-43	0-93815-71143-8
71231	FreeStyle InsuLinx Test Strips - 50 ct.	99073-0712-31	6-99073-71231-8
71227	FreeStyle InsuLinx Test Strips - 100 ct.	99073-0712-27	6-99073-71227-1
13001	FreeStyle Lancets - 100 ct	99073-0130-01	6-99073-13001-3
14002	FreeStyle Control Solution	99073-0140-02	6-99073-14002-9
21098	OneTouch® Ultra®2 System	53885-0448-01	3-53885-00027-7
21208	OneTouch® UltraMini® System (Silver Moon)	53885-0208-01	3-53885-00048-2
21419	OneTouch® UltraMini® System (Pink Glow)	53885-0419-01	3-53885-00128-1
21911	OneTouch® UltraMini® System (Blue Comet)	53885-0911-01	3-53885-00267-7
20245	OneTouch® Ultra® Test Strips 100 ct.	53885-0245-10	3-53885-24510-4
20244	OneTouch® Ultra® Test Strips 50 ct.	53885-0244-50	3-53885-24450-3
20994	OneTouch® Ultra® Test Strips 25 ct.	53885-0994-25	3-53885-99425-5
22595	OneTouch® Delica® Lancets 100 ct. 33g	53885-0595-01	3-53885-00850-1
20393	OneTouch® Delica® Lancets 100 ct. 30g	53885-0393-10	3-53885-39310-2
22136	OneTouch® Delica® 33-Gauge Lancets 100 ct.	53885-0136-10	3-53885-01130-3
22270	OneTouch Verio® Test Strips 25-Strip Box	53885-0270-25	3-53885-00773-3
22899	OneTouch Verio® Test Strips 50-Strip Box	53885-0271-50	3-53885-00976-8
22898	OneTouch Verio® Test Strips 100-Strip Box	53885-0272-10	3-53885-00975-1
23194	OneTouch Verio® Flex System	53885-0194-01	3-53885-01071-9
22657	OneTouch Verio® System	53885-0657-01	3-53885-00871-6
22267	OneTouch Verio®IQ System	53885-0267-01	3-53885-00770-2

*This policy does not apply to recipients with primary insurance when Medicaid is the secondary payer.

A webpage devoted to the Diabetic Supply Program has been created at <https://www.medicaid.nv.gov> (select “Diabetic Supplies” from the “Pharmacy” menu). For complete coverage and limitations, see Medicaid Services Manual Chapter 1200 online at <http://dhcfnv.gov>. For additional product training, please contact the manufacturer directly. If you have billing questions, please call the OptumRx Clinical Call Center at 1-855-455-3311.