



February 6, 2020
Announcement 2097

Updates to Diabetic Supply Policy Changes

Updates to [Web Announcement 2040](#) and [Web Announcement 2061](#):

Effective January 6, 2020, Nevada Medicaid Fee-for-Service (FFS) and Nevada Check Up FFS transitioned coverage of insulin systems/pumps and supplies and Continuous Glucose Monitors (CGM) from being billed under Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) to being billed through the Pharmacy Point of Sale (POS) system. ***This policy change is only effective for FFS recipients and does NOT apply to recipients enrolled in a Managed Care Organization (MCO) (Health Plan of Nevada, Anthem Blue Cross and Blue Shield Healthcare Solutions, and SilverSummit Healthplan) contracted with Nevada Medicaid.***

Effective with dates of service on or after, January 6, 2020, only the preferred products below (and their corresponding test strips) will be covered.

Preferred Supplies

Description	NDC
Preferred Continuous Glucose Monitors	
G6 SENSOR 3-PACK, RETAIL - US - 3	08627-0053-03
G6 RECEIVER KIT, RETAIL - US - 1	08627-0091-11
G6 RETAIL TRANSMITTER KIT, DEXCOM - 1	08627-0016-01
FreeStyle Libre 14-Day Reader	57599-0002-00
FreeStyle Libre 14-Day Sensor	57599-0001-01
Preferred Insulin Delivery System	
Omnipod Dash 5 pack Pods	08508-2000-05

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>

Prior Authorization

- Prior authorization (PA) is needed to receive **any** (preferred or non-preferred) insulin system/pump, supplies or CGMs. PA forms can be found at: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx> or by contacting the OptumRx Call Center at (855) 455-3311.

If you are a currently enrolled with Nevada Medicaid as a provider type (PT) 28 (Pharmacy) and have the capability to supply non-preferred diabetic products/supplies, please email rxinfo@dncfp.nv.gov with this information and provide your contact information.

If you are interested in being enrolled with Nevada Medicaid as a PT 28 to bill and dispense diabetic products/supplies for pharmacy services at point of sale, please complete an application with provider enrollment at:

<https://www.medicaid.nv.gov/hcp42/provider/Home/tabid/477/Default.aspx>

For billing questions, please contact the OptumRx Technical Center at (866) 244-8554.

A webpage devoted to the Diabetic Supply Program is located at:

<https://www.medicaid.nv.gov/providers/rx/diabeticsupplies.aspx>

Pharmacy Services billing information, including Billing Manual and Quantity Limits, is available at:

<https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>

For complete coverage and limitations, see Medicaid Services Manual Chapter 1200 Prescribed Drugs online at:

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>