



March 3, 2020

Announcement 2120

Updated Details Regarding Diabetic Supply Policy Changes

Updates to [Web Announcement 2040](#), [Web Announcement 2061](#) and [Web Announcement 2097](#):

- Nevada Medicaid Fee-for-Service (FFS) and Nevada Check Up FFS is providing updated policy and coverage of insulin systems/pumps and supplies and Continuous Glucose Monitors (CGM).

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, the preferred products below (and their corresponding test strips) are covered through the Pharmacy (provider type 28) benefit:

Preferred Product Description	NDC
Preferred Continuous Glucose Monitors	
Dexcom G6 [®] SENSOR 3-PACK, RETAIL - US - 3	08627-0053-03
Dexcom G6 [®] RECEIVER KIT, RETAIL - US - 1	08627-0091-11
Dexcom 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>
- Preferred diabetic products (including tubeless insulin delivery system and Continuous Glucose Monitor (CGM) receivers and readers) require clinical prior authorization approval. Pharmacy benefit allows a 100-day supply for insulin system and CGM supplies.
 - Preferred diabetic supplies (including sensors and transmitters) do not require prior authorization. These items require a documented diagnosis of diabetes mellitus type I (DM1) or gestational diabetes and recipients must meet all age restrictions stated in the manufacturer’s label.
 - Quantity limits apply. For detailed information on quantity limits refer to: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>
 - Refer to MSM Chapter 1200 – Prescribed Drugs for detailed prior authorization policy at: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
- Nonpreferred diabetic products and supplies are billable through pharmacy (PT 28) Point of Sale (POS).

- A nonpreferred insulin pump or CGM receivers or readers will continue to require clinical and nonpreferred prior authorization approval.
- Nonpreferred diabetic supplies (including tubing, reservoirs for pumps, and transmitters and sensors for CGM's) do not require prior authorization. These items require a documented diagnosis of diabetes mellitus type I (DM1) or gestational diabetes and recipient must meet all age restrictions stated in the manufacturer's label.
- Quantity limits apply. For detailed information on quantity limits refer to: <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>
- Advanced Diabetes Supply (NPI 1245259282) is enrolled with Nevada Medicaid Pharmacy (PT 28) and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) (PT 33).
 - Advanced Diabetes Supply is offering complimentary next business day delivery for all Nevada Medicaid recipients (FedEx® area restrictions may apply) through the pharmacy benefit. Additionally, their pharmacy benefit offers trained pharmacists on staff for patient questions and support.
 - For more information on Advanced Diabetes Supply products, visit: www.northcoastmed.com
 - Advanced Diabetes Supply contact information:
Phone: 877-869-1298, Fax: 877-869-2027, Email: pump@northcoastmed.com
- The preferred products for meters and test strips remain the same: OneTouch Ultra®, OneTouch Verio® and Trividia True Metrix®.
- For pharmacy POS billing questions, please contact the OptumRx Technical Center at (866) 244-8554.
- Tubed insulin pumps (Medtronic and Tandem®) and supplies are also billable under DMEPOS PT 33. Refer to MSM Chapter 1300 for prior authorization policy at: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1300/Chapter1300/>
 - CGMs and tubeless insulin systems are not billable under DMEPOS and are only billable under the pharmacy benefit (PT 28).