

September 2006

Provider Bulletin Number 696b

Home Health Providers

Diabetic Supply Coverage

Effective with dates of service on and after October 10, 2006, coverage limits for diabetic supplies will change. Refer to the *Home Health Provider Manual* for requirements.

For insulin dependent beneficiaries, limitations will increase for the following diabetic supplies:

- Test strips (1 unit = 1 bottle) are allowed at 6 units (300 strips or 6 bottles) every 30 days.
- Lancets (1 unit = 1 box) are allowed at 3 units (3 boxes) every 30 days.

For noninsulin dependent beneficiaries, limitations will increase for the following diabetic supplies:

- Test strips (1 unit = 1 bottle) are allowed at 2 units (100 strips or 2 bottles) every 30 days.
- Lancets (1 unit = 1 box) are allowed at 1 unit (1 box) every 30 days.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Home Health Provider Manual*, pages 8-11 through 8-12.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

Home Blood Glucose Monitors and Supplies (continued)

For beneficiaries to be eligible for home blood glucose monitors and supplies, they must meet all of the following basic criteria:

- Beneficiary has diabetes (ICD-9 codes 250.00-250.93) which is being treated by a physician
- Glucose monitor and related accessories and supplies were ordered by a physician who is treating the beneficiary's diabetes, and the treating physician maintains records reflecting the care provided including, but not limited to, evidence of medical necessity for the prescribed frequency of testing
- Beneficiary (or beneficiary's caregiver) successfully completed training or is scheduled to begin training in the use of the monitor, test strips, and lancing devices
- Beneficiary (or beneficiary's caregiver) is capable of using the test results to ensure appropriate glycemic control of the beneficiary's diabetes
- Device is designed for home use

For beneficiaries to be eligible for more than the limits listed above, a PA is required and the beneficiary must meet the following criteria:

- Coverage criteria listed above for glucose monitoring supplies are met.
- Supplier of test strips and lancets or lens shield cartridge maintains in its records the order from the treating physician.
- Beneficiary has nearly exhausted the supply of test strips and lancets or useful life of one lens shield cartridge previously dispensed.
- Treating physician has ordered a frequency of testing that exceeds the usage guidelines and has documented in the beneficiary's medical record the specific reason for the additional materials for that particular beneficiary.
- Treating physician has seen the beneficiary and has evaluated his or her diabetes control within six months prior to ordering quantities of strips and lancets or lens shield cartridges that exceed the usage guidelines.

If refill of supply quantities is dispensed that exceeds the usage guidelines, there must be documentation in the physician's records (such as a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary's log) or in the supplier's records (such as a copy of the beneficiary's log) that the beneficiary is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the beneficiary is regularly using supply quantities that exceed the usage guidelines, new documentation must be present at least every six months.

Home blood glucose monitor and supplies limits for insulin treated diabetes (Type I) are:

- One monitor is allowed every two years, regardless of the type
- Test strips (1 unit = 1 bottle) are allowed at 26 units (100 300 strips or 26 bottles) every 30 days
- Platforms (1 unit = 1 box) are allowed at 1 unit (1 box) every 30 days
- Calibration solution/chips are allowed at 4 units per year
- Spring-powered device for lancet is allowed at 1 unit every six months
- Lancets (1 unit = 1 box) are allowed at 13 units (13 boxes)
- One reusable pen insulin delivery device (either size) is allowed every year

Home Blood Glucose Monitors and Supplies (continued)

Home blood glucose monitor and supplies limits for noninsulin treated diabetes (Type II) are:

- One monitor is allowed every two years, regardless of the type
- Test strips (1 unit = 1 bottle) are allowed at 2 units (100 strips or 2 bottles) every ~~90~~ 30 days
- Platforms (1 unit = 1 box) are allowed at 1 unit (1 box) every 90 days
- Calibration solution/chips are allowed at 2 units per year
- Spring-powered device for lancet is allowed at 1 unit every six months
- Lancets (1 unit = 1 box) are allowed at 1 unit (1 box) every ~~90~~ 30 days

Oral Supplemental Nutrition:

Oral supplemental nutrition is covered for KAN Be Healthy (KBH) participants only. To bill, use the appropriate HCPCS code.

Supplemental nutrition is not covered for adults and non-KAN Be Healthy beneficiaries.

Total Parenteral Nutrition:

Total parenteral nutrition (TPN) in conjunction with enteral or oral feedings is covered for KAN Be Healthy participants when:

- Enteral/Oral nutrition constitutes a small portion of the beneficiary's dietary intake, and/or
- Beneficiary is being weaned from TPN feedings

This service does not require prior authorization. PA is required for the rental of enteral infusion pumps. Medicaid requires that the provider of the pump: 1) provide necessary educational services; and 2) become the sole provider of the nutrients, cleansing/dressing supplies, and fluid administration supplies.

NOTE: Parenteral kits and their components are generally considered all inclusive items necessary to administer therapy. Payment will not be made to suppliers or beneficiaries for additional components billed separately. Usual items in the different kits include but are not limited to these items:

A4221 - SUPPLY KIT PRE-MIX:

Gloves	Heparin Flush
Alcohol Wipes	Micropore Tape
Iso. Alcohol	Plastic Tape
Acetone	Injection Caps
Providone Iodine Scrub	Syringes
Providone Iodine Ointment	Needles
Providone Swabs	Ketodistix
Providone Sticks	Destructip
Gauze Sponges	