

Bulletin Number: MSA 15-25

Distribution: Medical Suppliers, Physicians, Medicaid Health Plans (MHP)

Issued: July 1, 2015

Subject: Revisions to Blood Glucose Testing Supplies Policy

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service. For beneficiaries enrolled in a Medicaid Health Plan (MHP), providers should contact the MHP for policy and coverage information.

The purpose of this bulletin is to inform providers of changes to the quantity limitations for diabetic testing supplies. This policy replaces bulletin MSA 14-44, which became effective November 1, 2014. The following changes will be effective for services provided on or after May 1, 2015:

Adults (Ages 21 and Over) Diagnosed With Diabetes

Procedure Code	Insulin-Treated Adults	Non-Insulin Treated Adults
A4259 Lancets (100 per box)	2 boxes per month	1 box per month
A4253 Blood glucose/reagent test strips (50 per box)	4 boxes per month	2 boxes per month

Testing Beyond Established Quantity Limits (Ages 21 and Over)

For medical need beyond the established quantity limits for both insulin treated and non-insulin treated adults, the physician documentation must include all of the following:

- Diagnosis code
- The reason the beneficiary needs to test more frequently
- Duration for the additional quantity ("PRN" or "as needed" is not sufficient documentation to support the medical need for additional quantity)

Documentation must be kept in the beneficiary file and be available upon request.

KX Modifier

KX – Specific required documentation on file

Providers must append the KX modifier to each code (A4259 and/or A4253) when submitting a claim for over quantity.

KX Modifier Limits

Procedure Code	Limits (Age 21 and over)
A4259 Lancets (100 per box)	3 boxes per month
A4253 Blood glucose/reagent test strips (50 per box)	6 boxes per month

Children (Under Age 21) Diagnosed With Diabetes

Quantity limits for children remain unchanged.

Procedure Code	Limits
A4259 Lancets (100 per box)	3 boxes per month
A4253 Blood glucose/reagent test strips (50 per box)	6 boxes per month

Prior Authorization

For medical need beyond the limits stated above, the provider must obtain prior authorization.

All other documentation and standards of coverage remain unchanged.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kathy Stiffler, Acting Director
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