

## North Dakota Medicaid Preferred Diabetic Supply

Effective 10/01/2021

### Preferred Test Strips

Manufacturer Name	NDC	Product Description
LifeScan Inc.	53885-0244-50	OneTouch Ultra Blue
LifeScan Inc.	53885-0245-10	OneTouch Ultra Blue
LifeScan Inc.	53885-0270-25	One Touch Verio Test Strip
LifeScan Inc.	53885-0271-50	One Touch Verio Test Strip
LifeScan Inc.	53885-0272-10	One Touch Verio Test Strip
LifeScan Inc.	53885-0994-25	OneTouch Ultra Blue
Ascensia Diabetes Care	00193-7080-50	Contour Blood Glucose Test Strips
Ascensia Diabetes Care	00193-7090-21	Contour Blood Glucose Test Strips
Ascensia Diabetes Care	00193-7311-50	Contour Next Blood Glucose Test Strips
Ascensia Diabetes Care	00193-7312-21	Contour Next Blood Glucose Test Strips

### Preferred Meters

Manufacturer Name	NDC #	Product Description
LifeScan Inc.	53885-0044-01	OneTouch Verio Flex Blood Glucose Meter
LifeScan Inc.	53885-0046-01	OneTouch Ultra 2 Blood Glucose Meter
LifeScan Inc.	53885-0194-01	OneTouch Verio Flex Blood Glucose Meter
LifeScan Inc.	53885-0208-01	OneTouch Ultra Mini Blood Glucose Meter
LifeScan Inc.	53885-0267-01	OneTouch Verio IQ Blood Glucose Meter
LifeScan Inc.	53885-0448-01	OneTouch Ultra 2 Blood Glucose Meter
LifeScan Inc.	53885-0657-01	OneTouch Verio Blood Glucose Meter
LifeScan Inc.	53885-0927-01	OneTouch Verio Reflect System
Ascensia Diabetes Care	00193-7377-01	Contour Next Blood Glucose Meter
Ascensia Diabetes Care	00193-7252-01	Contour Next EZ Blood Glucose Meter
Ascensia Diabetes Care	00193-7189-01	Contour Blood Glucose Meter
Ascensia Diabetes Care	00193-9545-01	Contour Blood Glucose Meter
Ascensia Diabetes Care	00193-9628-01	Contour Next EZ Blood Glucose Meter
Ascensia Diabetes Care	00193-7553-01	Contour Next EZ Blood Glucose Meter
Ascensia Diabetes Care	00193-7818-01	Contour Next One Blood Glucose Meter

## Continuous Glucose Monitors

Manufacturer Name	NDC #	Product Description
Dexcom, Inc.	08627-0016-01	Dexcom G6 Transmitter
Dexcom, Inc.	08627-0053-03	Dexcom G6 Sensor
Dexcom, Inc.	08627-0091-11	Dexcom G6 Receiver

### *Prior Authorization Criteria*

[Continuous Glucose Monitor \(CGM\) Prior Authorization Form](#)

### **Initial Criteria:** *Initial Approval 12 months*

- Patient must meet one of the following criteria:
  1. Patient uses basal and prandial insulin doses, or Humulin R U-500 **OR**
  2. Patient uses an insulin pump **OR**
  3. Patient is pregnant with diagnosis of gestational diabetes **OR**
  4. Patient has recurrent hypoglycemia due to one of the following diagnoses and CGM is recommended by a medical geneticist or an endocrinology specialist as evidenced by chart notes:
    - Inborn errors of metabolism/metabolic syndrome with risk of hypoglycemia (e.g. glycogen storage disease (GSD), hereditary fructose intolerance (HFI), fatty acid oxidation disorders, gluconeogenesis disorders, ketogenesis disorders)
    - Hyperinsulinemia syndromes (e.g. Insulinoma, Persistent Hyperinsulinemia Hypoglycemia of Infancy (PHHI), Non-insulinoma Pancreatogenesis Hypoglycemia Syndrome (NIPHS), Nesideoblastosis)
- Prescriber must attest to all the following:
  - Patient will maintain regular provider visits to review glycemic control every 3-6 months.
    - CGM data will be reviewed at provider office visits.
    - CGM data will be used in the clinical decision-making process and documented in chart notes
  - Prescriber must provide most recent A1C for patients with diabetes.

### **Renewal Criteria:** *Approval 12 months*

- Prescriber must submit the current or most recent Time in Range percentage.
- CGM data must have been reviewed with a documented decision-making process, as evidenced by a submitted progress note within the past 6 months.
- Prescriber must provide most recent A1C for patients with diabetes.

# Continuous Glucose Monitors (CGM) FAQ

## **Does ND Medicaid cover Dexcom G6 daily calibration?**

- No, the unique Dexcom G6 sensor code must be entered that is printed on each sensor's adhesive label during the startup period so finger sticks and calibration are not required.
- [Does the Dexcom G6 Continuous Glucose Monitoring \(CGM\) System require calibrations?](#)

## **Will test strips be covered in addition to Dexcom G6?**

- Yes, ND Medicaid will cover 200 test strips per year to facilitate instances where Dexcom G6 is not displaying blood sugar readings that correspond with the symptoms member is experiencing or that are consistently outside of the 20 rule.
- [Is my Dexcom sensor accurate?](#)

## **Does ND Medicaid cover additional sensors, transmitters, or receivers if mine is faulty or broken?**

- For replacement inquiries, sensor overpatches, and troubleshooting please contact Dexcom Global Technical Support at 1-844-607-8398 or visit <https://www.dexcom.com/contact>

## **If I bill Medtronic Guardian sensors under the code A9276 on the medical benefit, will this still be covered?**

- No, the code will only be covered for members with primary insurance plans that require CGM to be billed on the medical side. Members will need to be converted to Dexcom G6 billed on the pharmacy side to obtain ND Medicaid coverage.

## **If my patient is currently on a CGM that is not Dexcom G6, is there a grandfathering period?**

- No, the member should be converted to Dexcom G6 billed on the pharmacy side to obtain ND Medicaid coverage.

## **If primary insurance only covers CGM other than Dexcom G6, will ND Medicaid pay the copay?**

- If primary insurance excludes coverage of a Dexcom G6, ND Medicaid may make an exception to cover a non-preferred CGM if the copay is nominal. Documentation of the exclusion must be submitted with the prior authorization request.
- If primary insurance does cover Dexcom G6, the member will need to switch to Dexcom G6 for ND Medicaid to pay the copay.

## **Does ND Medicaid cover Dexcom G6 if member has primary insurance, but it does not cover CGM?**

- ND Medicaid may cover Dexcom G6 as a primary payer if CGM is wholly excluded from the primary insurance benefit. Documentation stating the exclusion from the primary insurance must be submitted with the prior authorization request.
- ND Medicaid will not cover CGM as a primary payer if a prior authorization is denied for medical necessity by the primary insurance.

**Will ND Medicaid cover Dexcom G6 if member meets primary insurance prior authorization criteria, but does not meet ND Medicaid prior authorization criteria?**

- ND Medicaid will not cover Dexcom G6 if ND Medicaid prior authorization criteria is not met, regardless of approval status with primary insurance. Under rare circumstances, exceptions may be made if the copay is nominal as long as the member maintains primary insurance coverage with a Dexcom G6 benefit.

**Does ND Medicaid cover Dexcom G6 for members in Long Term Care facilities?**

- If a member has Medicare Part B, Medicare Part B will need to be billed primary and ND Medicaid may cover the remainder as a crossover claim with medical billing.
- If a member does not have Medicare Part B, an override will need to be obtained for coverage.
- In all cases, the member must meet prior authorization criteria for coverage.

**Will ND Medicaid cover Dexcom G6 through medical billing?**

- ND Medicaid requires Dexcom to be billed through pharmacy NCPDP D.0 billing.
- Exceptions may be made for cases where primary insurance requires Dexcom to be billed with medical billing.

**Can members currently receiving CGM through Medicaid Expansion continue to receive CGM?**

- Medicaid Expansion members: currently, Sanford Health Plan pays for CGM as medical claims. Effective July 1, 2021, these claims will have to be billed as pharmacy claims for Dexcom G6. Members will need to convert to Dexcom G6 if another CGM is currently being utilized.
- ND Medicaid has pre-emptively entered initial prior authorizations for Medicaid Expansion members utilizing Dexcom G6 for 1 year. ND Medicaid renewal prior authorization criteria will need to be met for coverage continuation beyond the grandfathering period.

**Will members currently receiving CGM through Special Health Services (SHS) continue to receive CGM?**

- Effective July 1, 2021, members receiving Dexcom will need to bill ND Medicaid for Dexcom G6. The group will need to be changed from the SHS group to the ND Medicaid group.
- ND Medicaid has pre-emptively entered initial prior authorizations for SHS members utilizing Dexcom G6 for 1 year. ND Medicaid renewal prior authorization criteria will need to be met for coverage continuation beyond the grandfathering period.
- Members receiving CGM other than Dexcom G6 will need to continue to work with SHS for CGM coverage.

**Quantity limits:**

- NDC 08627005303- Dexcom G6 Sensors 3 ten-day sensors/box= up to qty 9/90-day supply
- NDC 08627001601- Dexcom G6 Transmitter- 1= 90-day supply (4 Transmitters/year)
- NDC 08627009011- Dexcom G6 Receiver- 1= 250-day supply (warranty is 1 year)