

Attention: DME and Pharmacy Providers

Roche ACCU-CHEK Diabetic Supplies Under the DME and Pharmacy Programs

Effective November 15, 2011, Roche Diagnostics Corporation Diabetes Care will be N.C. Medicaid's designated preferred manufacturer for glucose meters, diabetic test strips, control solutions, lancets, and lancing devices. After a transition period, starting on November 15, 2011, and ending in January 2012 only ACCU-CHEK test strips, control solutions, lancets, lancing devices and syringes will be reimbursed by N.C. Medicaid. The following are the list of NDC's that will be covered:

Covered Product	Package Size	Unit Type	NDC-11
ACCU-CHEK Aviva Care Kit	1 Meter Kit	1 Meter	65702-0101-10
ACCU-CHEK Compact Care Kit	1 Meter Kit	1 Meter	50924-019-01
ACCU-CHEK Aviva	50 ct	1 bottle	65702-0103-10
ACCU-CHEK Compact	51 ct	1 bottle	50924-988-50
ACCU-CHEK Aviva Control Solution (2 levels)	1 Bottle	1 bottle	65702-0107-10
ACCU-CHEK Compact Control Solution (2 levels)	1 Bottle	1 bottle	65702-0369-10
ACCU-CHEK Compact Control Solution (2 levels)	1 Bottle	1 bottle	50924-0302-02
ACCU-CHEK Multiclix Lancets	102 ct Box	1 box	50924-0450-01
ACCU-CHEK Softclix Lancets	100 ct Box	1 box	50924-0971-10
ACCU-CHEK Softclix lancing device,	1 ct	1	50924-0957-01
ACCU-CHEK Softclix lancing device,	1 ct	1	65702-0400-10
ACCU-CHEK Multiclix lancing device kit	1 ct	1	50924-0446-01

In addition, effective November 15, 2011, ACCU-CHEK diabetic test strips, control solutions, lancets, and lancing devices will be added to the list of covered over-the-counter products under the outpatient pharmacy program. These products will be reimbursed under the pharmacy point-of-sale system with a prescription.

Billing Instructions for Submitting Diabetic Supplies under DME

Note: These requirements do not apply to Private Duty Nursing and Home Health providers until February 1, 2012. Diabetic test strips, control solutions, lancets, and lancet devices submitted under the DME program must be billed using the National Drug Code (NDC). Test strips must be billed in multiples of 50 and lancets must be billed in multiples of 100. Rates apply to these diabetic supplies; therefore, no copayments and no dispensing fees apply. A transitional period will be in place from November 15, 2011, into January 2012. Diabetic HCPCS codes and supply limits remain the same as outlined in the DMA Clinical Coverage policy 5A as indicated below:

HCPCS Code	Product Description	Quantity
A4253	Blood glucose test or reagent strips (50 strips)	4/month
A4259	Lancets	200/month
A4258	Lancing Device	2/year
A4256	Normal, high, low calibrator solution	4/year
E0607	Home blood glucose monitor	1 every 2 years
E2100	Blood glucose monitor with voice synthesizer	1 every 3 years

Prior authorization requirements for diabetic supplies remain unchanged.

A transitional period will be in place from November 15, 2011, into January, 2012

For additional information, providers may call ACCU-CHEK Customer Care, 1-877-906-8969 or DMA Clinical Policies and Programs at 919-855-4310 (DME) or 919-855-4300 (Pharmacy).