



# Florida Medicaid

## **Diabetic Supply Services Coverage Policy**

Agency for Health Care Administration

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## 1.0 Introduction

Florida Medicaid diabetic supply services provide medically necessary, diagnosis-related supplies to recipients with diabetes.

### 1.1 Florida Medicaid Policies

This policy is intended for use by providers that render diabetic supply services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.4) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

### 1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

### 1.3 Legal Authority

Florida Medicaid diabetic supply services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), Chapter IV
- Sections 409.906, 409.9063, 409.908, and 409.912, Florida Statutes (F.S.)

### 1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

#### 1.4.1 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C., that provides instructions on how to bill for services.

#### 1.4.2 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C., that contains coverage information about a Florida Medicaid service.

#### 1.4.3 Diabetic Supplies

All prescribed items for recipients who have a documented medical condition that requires frequent monitoring of blood or urine glucose levels or requires injections of insulin.

#### 1.4.4 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C., containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

#### 1.4.5 Maximum Allowable Cost (MAC)

The maximum allowable unit cost established by the State.

#### ~~1.4.6~~ 1.4.5 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

#### ~~1.4.7~~ 1.4.6 Pharmacy Benefits Manager (PBM)

As defined in section 626.88, F.S.

**1.4.81.4.7 Point-of-Sale (POS)**

Provider reimbursement based upon data collected, entered, or saved when a transaction occurs.

**1.4.91.4.8 Preferred Product List (PPL)**

A list of diabetic supplies covered by Florida Medicaid and reimbursed for approved Florida Medicaid diabetic supply services providers through point-of-sale (POS).

**1.4.101.4.9 Professional Dispensing Fee (PDF)**

As defined in section 626.8825, F.S.

**1.4.111.4.10 Provider**

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

**1.4.121.4.11 Recipient**

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

**1.4.131.4.12 Usual and Customary Charge (U&C Charge)**

The average charge to all other customers in any quarter for the same product.

**1.4.141.4.13 Wholesaler Acquisition Cost (WAC)**

The cost wholesalers pay for a prescribed item.

## **2.0 Eligible Recipient**

### **2.1 General Criteria**

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

### **2.2 Who Can Receive**

Florida Medicaid recipients requiring medically necessary diabetic supply services. Some services may be subject to additional coverage criteria as specified in section 4.0.

### **2.3 Coinsurance and Copayments**

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

## **3.0 Eligible Provider**

### **3.1 General Criteria**

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid diabetic supply services.

### **3.2 Who Can Provide**

Services must be rendered by one of the following:

- Pharmacies permitted by the Florida Department of Health in accordance with Chapter 465, F.S.
- Practitioners licensed in accordance with Chapters 465, 458, or 459, F.S.

## 4.0 Coverage Information

### 4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

### 4.2 Specific Criteria

Florida Medicaid covers diabetic supplies included on the PPL, incorporated by reference, and available on the Agency for Health Care Administration's website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, or as specified in this policy:

- Product quantity limits are specified on the up-to-the-PPL included in Appendix A of this policy. ~~limitations~~ or as authorized via the prior authorization process, per valid prescription, in accordance with section 409.912, F.S., when:
  - Provided to recipients with a diagnosis of diabetes
  - Prescribed by a Florida Medicaid-enrolled practitioner licensed in accordance with Chapters 464, 458, or 459, F.S.

The Agency may cover diabetic supplies not included on the PPL when medically necessary and prior authorized per the process outlined in section 7.0 of this policy.

### 4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

## 5.0 Exclusion

### 5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

### 5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Automatic fills
- Replacement services due to lost shipments or provider error
- Devices or supplies that are not approved by the United States Food and Drug Administration (FDA)

Florida Medicaid may cover certain diabetic supplies through a different service benefit.

## 6.0 Documentation

### 6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

## **6.2 Specific Criteria**

Providers must maintain purchase acquisition records for diabetic supplies provided to Florida Medicaid recipients for five years.

Prescribers must use a counterfeit-proof prescription pad produced by an AHCA-approved vendor when writing hard copy prescriptions, in accordance with section 409.912, F.S.

Prescriber documentation must specify the type, quantity, and frequency of need for a recipient's diabetic supplies.

## **7.0 Authorization**

### **7.1 General Criteria**

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

### **7.2 Specific Criteria**

Providers must obtain authorization from the PBM prior to dispensing a diabetic supply when indicated on the PPL, or when the product is medically necessary but not on the PPL.

## **8.0 Reimbursement**

### **8.1 General Criteria**

The reimbursement information below is applicable to the fee-for-service delivery system, unless otherwise specified.

### **8.2 Specific Criteria**

Florida Medicaid reimburses for diabetic supply services using the following payment methodology:

An amount not to exceed the lesser of:

- The WAC plus a PDF of \$10.24
- The provider's U&C Charge
- MAC (only for Alcohol swabs and Control solutions) plus a PDF of \$10.24

### **8.3 Claim Type**

Point-of-sale transaction

### **8.4 Billing Code, Modifier, and Billing Unit**

Providers must report the billing unit(s) for the service rendered.

## **9.0 Appendices**

### **9.1 Appendix A - Preferred Product List (PPL)**

## Florida Medicaid Diabetic Supply Preferred Product List

	Traditional Blood Glucose Meters (BGM)	
Manufacturer	Product Name	Limitation
ASCENSIA	CONTOUR	1 PER YEAR
TRIVIDIA	TRUE METRIX	
	Blood Glucose Test Strips	
Manufacturer	Product Name	Limitation
ASCENSIA	CONTOUR	200 PER MONTH
TRIVIDIA	TRUE METRIX	
	Continuous Blood Glucose Monitors (CGM)	
Manufacturer	Product Name	Limitation
DEXCOM	DEXCOM CGM RECEIVER DEXCOM SENSOR DEXCOM TRANSMITTER	1 PER YEAR 2 to 3 per 30 days (per label) 1 PER 90 DAYS
ABBOTT	FREESTYLE LIBRE READER FREESTYLE LIBRE SENSOR FREESTYLE LIBRE SENSOR PLUS	1 PER YEAR 2 PER 28 DAYS 2 per 30 DAYS
	Insulin Pen Needles	
Manufacturer	Product Name	Limitation
ARKRAY	TECHLITE/TECHLITE PLUS	200 PER MONTH
EMBECTA	NANO/NANO 2 <sup>nd</sup> GEN ULTRA-FINE	
	Insulin Syringes	
Manufacturer	Product Name	Limitation
EMBECTA	INSULIN SYRINGES	200 PER MONTH
TRIVIDIA	INSULIN SYRINGES	
	Insulin Pumps/Patches	
Manufacturer	Product Name	Limitation
CEQUR	CEQUR SIMPLICITY	8 PER 30 DAYS (4DAY PATCH) 10 PER 30 DAYS (3DAY PATCH)
INSULET	OMNIPOD INTRO KIT OMNIPOD PODS	1 PER 5 YEARS 15 PER 30 DAYS

<b>Traditional Blood Glucose Meters (BGM)</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>LIFESCAN</b> <b>TRIVIDIA</b>	ONETOUCH ULTRA2 METER ONETOUCH VERIO FLEX METER TRUE METRIX AIR GLUCOSE METER TRUE METRIX GLUCOSE METER	1 PER YEAR
<b>Blood Glucose Test Strips</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>LIFESCAN</b> <b>TRIVIDIA</b>	ONETOUCH ULTRA TEST STRIP ONETOUCH VERIO TEST STRIP TRUE METRIX GLUCOSE TEST STRIP	200 PER MONTH
<b>Continuous Blood Glucose Monitors (CGM)</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>DEXCOM</b>     <b>ABBOTT</b>	DEXCOM G6 CGM RECEIVER DEXCOM G6 SENSOR DEXCOM G6 TRANSMITTER DEXCOM G7 CGM RECEIVER DEXCOM G7 SENSOR FREESTYLE LIBRE 14 DAY READER FREESTYLE LIBRE 2 READER FREESTYLE LIBRE 3 READER FREESTYLE LIBRE 14 DAY SENSOR FREESTYLE LIBRE 2 SENSOR FREESTYLE LIBRE 3 SENSOR	1 PER YEAR 3 PER 30 DAYS 1 PER 90 DAYS 1 PER YEAR 3 PER 30 DAYS 1 PER YEAR 1 PER YEAR 1 PER YEAR 2 PER 28 DAYS 2 PER 28 DAYS 2 PER 28 DAYS
<b>Insulin Pen Needles</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>ARKRAY</b> <b>BD-DIABETES</b>	TECHLITE PEN NEEDLE ULTRA-FINE MICRO PEN NEEDLE ULTRA-FINE MINI PEN NEEDLE ULTRA-FINE NANO PEN NEEDLE ULTRA-FINE ORIGINAL PEN NEEDLE ULTRA-FINE SHORT PEN NEEDLE	200 PER MONTH
<b>Insulin Syringes</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>BD-DIABETES</b> <b>TRIVIDIA</b>	INSULIN SYRINGES INSULIN SYRINGES	200 PER MONTH
<b>Insulin Pumps/Patches</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>CEQUR</b> <b>INSULET</b>     <b>MANNKIND</b>	CEQUR SIMPLICITY OMNIPOD 5 G6 and G6-G7 INTRO KIT (GEN 5) OMNIPOD DASH INTRO KIT (GEN 4) OMNIPOD 5 G6 and G6-G7 PODS (GEN 5) OMNIPOD DASH PODS (GEN 4) OMNIPOD GO PODS V-GO	40 PER 30 DAYS 1 PER 5 YEARS 1 PER 5 YEARS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS 15 PER 30 DAYS
<b>Ketone Strips</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>ABBOTT</b>	PRECISION XTRA BLOOD KETONE TESTSTRIPS	30 PER MONTH
<b>Lancets</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>LIFESCAN</b>	ONETOUCH LANCETS	

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<b>TRIVIDIA</b>	ONETOUCH DELICA PLUS LANCETS TRUEPLUS LANCETS	200 PER MONTH
<b>Lancing Devices</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>LIFESCAN TRIVIDIA</b>	ONETOUCH DELICA PLUS LANCING DEVICE TRUEDRAW LANCING DEVICE	2 PER YEAR
<b>Miscellaneous</b>		
<b>Manufacturer</b>	<b>Product Name</b>	<b>Limitation</b>
<b>ALL</b>	ALCOHOL SWABS	2 BOXES/MONTH
<b>ALL</b>	CALIBRATION CONTROL SOLUTION	1 PER 6 MONTHS