



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Steven L. Beshear
Governor

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Janie Miller
Secretary

Elizabeth A. Johnson
Commissioner

June 30, 2009

TO: Durable Medical Equipment (90) Provider Letter A-36

RE: DIABETIC DIAGNOSIS REQUIREMENT

Dear Kentucky Medicaid Provider:

This notification is to inform you of an upcoming change in the process for billing diabetic supplies. The Department for Medicaid Services will require documentation on the claim that supports a diabetic diagnosis for the following HCPCS codes:

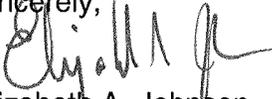
A4250 URINE REAGENT STRIPS/TABLETS
A4253 BLOOD GLUCOSE/REAGENT STRIPS
A4256 CALIBRATOR SOLUTION/CHIPS
A4258 LANCET DEVIC
A4259 LANCETS
A9276 DISPOSABLE SENSOR, Continuous Glucose Monitoring System (CGM)
A9277 EXTERNAL TRANSMITTER, CGM
A9278 EXTERNAL RECEIVER, CGM
E0607 HOME BLOOD GLUCOSE MONITOR

The above supplies will be limited to diagnosis 250.0 – 250.9, 648.0 and 648.8. This will be effective for dates of service August 1, 2009 and after.

Proper billing procedures on the CMS 1500 are crucial in order to receive reimbursement. One of the above diagnoses must be entered in form locator 21 of the claim. Form locator 24E (diagnosis code indicator) must represent one the above diagnoses listed in form locator 21. Please remember that Form locator 24E is a one-byte field. This applies to paper or electronic billing.

If you should have any questions regarding billing please contact EDS Provider Inquiry at 800-807-1232. For policy questions, please contact the Division of Provider Operations at 502-564-2687.

Sincerely,


Elizabeth A. Johnson
Commissioner

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