

**HMSA Medicare Advantage**  
**Diabetic Test Strips Quantity Limit and Preferred Agents**  
Effective March 1, 2019

**New Test Strip Policy effective March 1, 2019**

Beginning March 1, 2019, all of the HMSA Medicare plans including, Akamai Advantage PPO, EGWP, DSNP, and Essential Advantage (HMO), will be applying the (LCD) L33822 coverage indications whether the patient obtains their diabetic test strips at the pharmacy at point of sale or through a certified DME supplier

**Background**

Medicare Part B covers blood glucose testing supplies. The amount of covered supplies varies depending on whether the individual uses insulin or not. This policy is already being applied when the claims are submitted to HMSA from a certified DME supplier. This alignment will provide a consistent member benefit experience.

- Additional information for all Diabetic test strips and supplies can be found at Noridian Healthcare Solutions, LLC under Local Coverage Determination (LCD) L33822.
- Glucose test strips, glucose monitors, and related supplies are Part B benefits that will continue to be covered at no cost to the member.

**Quantity Limit (QL)**

- For insulin dependent members: 300 test strips for a 90 day supply, or
- For non-insulin dependent members: 100 test strips for a 90 day supply.

**Preferred Brands**

As allowed by CMS, we have designated preferred brands and manufactures, below are the NDCs and product names for reference. See the list of covered preferred brands and manufacturers at <http://www.hmsa.com/advantage>. The current list includes:

**J&J/LIFESCAN**

OneTouch Ultra® Test Strips -25 ct	53885099425
OneTouch Ultra® Test Strips -50 ct	53885024450
One Touch Ultra® Test Strips -100 ct	53885024510
OneTouch Verio Test Strips -25 ct	53885027025
OneTouch Verio Test Strips -50 ct	53885027150
OneTouch Verio Test Strips -100 ct	53885027210

**ABBOTT DIABETES**

FreeStyle InsuLinx Test Strips- 50 ct	99073-0712-31
FreeStyle InsuLinx Test Strips- 100 ct	99073-0712-27
FreeStyle Lite Test Strips- 50 ct	99073-0708-22
FreeStyle Lite Test Strips- 100 ct	99073-0708-27
Precision Xtra Test Strips- 50 ct	57599-9728-04
Precision Xtra Test Strips- 100 ct	57599-9877-05
FreeStyle Test Strips- 50 ct	99073-0120-50
FreeStyle Test Strips- 100 ct	99073-0121-01
FreeStyle Precision Neo- 50 ct	57599-1579-04

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**New Prescription**

If the member needs to change to one of the preferred brands or requires more than the QL please direct them to their prescriber to obtain a new prescription or PA.

**New Glucose Monitor**

If a member requires a new glucose monitor to use one of the preferred test strips please direct them to the appropriate manufacturer:

- Freestyle/Abbott
  - Diabetes Care at [1-866-224-8892](tel:1-866-224-8892) with Offer Code 8WXGP8MB
  - or online at [ChooseFreeStyle.com](http://ChooseFreeStyle.com) with Offer Code 8WXGP8MB
- One Touch/Lifescan
  - [1-844-328-2946](tel:1-844-328-2946) with Offer Code 574RET001

**Grace Period**

- Existing Members from 3/1/19 thru 5/31/19: Members will be allowed a one-time refill of their non-preferred test strips up to the quantity limit. This is to enable them sufficient time to work with their prescriber to convert to a preferred brand; or obtain a Prior Authorization.
- At any time during the year, members new to HMSA Medicare Advantage who are using a non-preferred brand will also be able to obtain a one-time fill.

**Prior Authorization**

If a member requires more test strips than the quantity limit, or they cannot not tolerate one of the preferred brands, they should contact their prescriber who will be required to submit a pre-authorization to HMSA Medical Management department (808) 948-6464.

- Medicare Part B covers blood sugar testing supplies for people with diabetes whether they use insulin or not. The amount of covered supplies varies depending on whether the individual uses insulin or not.
- Prior Authorization for policy exceptions: Providers must use Noridian Coverage Guidance under Local Coverage Determination (LCD) L33822 at <https://med.noridianmedicare.com/documents/2230703/7218263/Glucose+Monitors>
  - This includes criteria for high utilization patients who require more than the usual quantity limit outlined in the LCD.