

Hot Tip: Diabetic Meter and Test Strips

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to the CHPlus program only.

Your Highmark BCBSWNY patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Highmark BCBSWNY provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products
Diabetic meter	All other diabetic meters	TRUE METRIX BLOOD GLUCOSE METER NDC: 08528-1474-01 NDC: 56151-1470-02 NDC: 56151-1470-04 NDC: 21292-0006-05 NDC: 11917-0166-89 TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 56151-1490-02 NDC: 56151-1494-01 NDC: 21292-0007-16 NDC: 11917-0173-89 TRUE METRIX AIR W/BLUETOOTH METER NDC: 56151-1494-03 TRUE METRIX GO BLOOD GLUCOSE METER NDC: 56151-1950-02 GNP TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 87701-0427-39 NDC: 87701-0426-25 RELION TRUE METRIX AIR BLOOD GLUCOSE METER NDC: 56151-1491-02 NDC: 81131-0403-27
Diabetic test strips ¹	All other diabetic test strips	TRUE METRIX GLUCOSE TEST STRIP NDC: 56151146004 NDC: 56151146001 GNP TRUE METRIX GLUCOSE TEST STRIP NDC: 87701042626

<https://providerpublic.mybcbswny.com>

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York.

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		<p>NDC: 87701042627 NDC: 87701042653 NDC: 87701042760 RELION TRUE METRIX GLUCOSE TEST STRIP NDC: 56151146104 NDC: 56151146101</p>
<p>¹ Quantity limits apply. 200 test strips per 30 days for the following: pregnant* individuals, individuals who are 17 years of age or younger, and adults taking insulin. 50 test strips per 30 days for the following: all other individuals. *For automatic approval, pregnant women must have a claim for prenatal vitamin in drug history, diagnosis of gestational diabetes, or the prescriber's specialty is OB/OBGYN/fetal medicine/nurse midwife.</p>		
<p>Members can call 866-788-9618 to have a meter sent to their home or may have the meter dispensed at their local pharmacy. Pharmacist billing information is below.</p> <p>Pharmacist: Please dispense a TRUE METRIX meter at no cost or copay to the patient. You may use a prescription on file or call the patient's physician to obtain a new prescription. Transmit the claim to Magellan using the processing information listed below.</p> <p>Rx BIN #: 018844 PCN #: 3F Identification #: TRPT5023493 Group #: FVTRUEPORT50</p> <p>Once the free meter is processed for reimbursement, you cannot submit a claim to any other third-party payer. One meter is allowed per patient every 12 months.</p> <p>If you have general questions concerning Highmark BCBSWNY member benefits, please call 866-231-0847.</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **866-231-0847**.

The *PDL* is available at mybcbswny.com/stateplans > Provider > Eligibility & Pharmacy > Pharmacy Information.



Email is the quickest and most direct way to receive important information from Highmark Blue Cross Blue Shield of Western New York.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (bit.ly/NYwesternmp).

