

5160-9-02

Appendix

Amend

## Supplies Billed by Ohio Medicaid Pharmacy Providers

Item Description	Medicaid Coverage Status	Covered for Dual Eligible	Maximum Units	Maximum Payment
Alcohol wipes or swabs	H	Y	200 per month	\$0.02
Blood glucose monitor for home use	H	N	1 per four years	*
Blood glucose test or reagent strips for home blood glucose monitor	H	N	100 per month	*
Blood ketone test or reagent strips	H	Y	20 per month	*
Continuous Glucose Monitoring (CGM): Transmitter **	H	N	1 per three months	*
CGM: Receiver **	H	N	1 per four years	*
CGM: Sensors **	H	N	4 per month	*
Contraceptive supply, condom, female	H	Y	36 per month	\$2.10
Contraceptive supply, condom, male	H	Y	36 per month	\$0.40
Insulin delivery device, reusable pen; 1.5ml size	H	N	1 per year	\$40.00
Insulin delivery device, reusable pen; 3ml size	H	N	1 per year	\$40.00
Lancets	H	N	200 per month	*
Lancing Device	Y	N	1 per year	*
Needles only, sterile, any size, including pen needles	H	N	100 per month	*
Normal, low high calibration solution/chips (for blood glucose monitor)	H	Y	1 bottle per three months	*
Peak Expiratory Flow Rate Meter	H	Y	1 per three years	\$22.00
Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler	H	Y	1 per year	\$23.00
Syringe with needle, sterile less than or equal to 1 cc	H	Y	200 per month	*
Urine test or reagent strips or tablets	H	Y	200 per month	\$0.26

\* Maximum payment calculated as 100% of wholesale acquisition cost

\*\* Prior authorization Required for CGM supplies

Effective April 1, 2017