

Educational notice for providers billing blood glucose test or reagent strips

Summit Community Care continually reviews claims data to improve accurate claims processing. Please note, the following information regarding correct billing procedures for blood glucose test or reagent strips.

Code A4253 definition and description:

- Description: Blood glucose test or reagent strips for home glucose monitor, per 50 strips
- Unit of measure: 50 strips per box, 1 box = 1 unit

Fee schedule pricing:

- Reimbursable to these provider types:
 - 14 Home health
 - 16 Prosthetic services
 - 38 Private duty nursing
- Arkansas Medicaid fee schedule rate: \$36.50
- Allowable modifiers:
 - NU for individuals of all ages.
 - UB medically necessary delivery prior to 39 weeks of gestation.
 - When a second modifier is listed, that modifier must be used in conjunction with the NU modifier.

Reimbursement policy:

- CMS medically unlikely edit: one maximum unit on a single date of service.
- Benefit limit: The Arkansas Medicaid program reimburses home health providers and prosthetics providers for covered medical supplies up to a maximum of \$250 per month, per beneficiary. The \$250 may be provided by the home health program, the prosthetics program, or a combination of the two.

Authorization requirements:

- Authorization is not required unless provider is out-of-network with Summit Community Care or for participating providers to extend benefits greater than \$250 per month.

Coordination requirements:

- Required to bill/ with member's primary carrier(s)

If you have questions about this communication or need assistance with any other item, contact your local Provider Relations representative or call Provider Services toll free at **844-462-0022**.

Provider Relations manager assignments by county are located on our website [here](#).