NYS Medicaid Preferred Diabetic Supply Program 
Fact Sheet

The New York State Medicaid Program operates a Preferred Diabetic Supply Program (PDSP) that provides New York State Medicaid enrollees access to quality meters and strips while at the same time reducing overall program expenditures.

Background
New York State implemented a Preferred Diabetic Supply Program (PDSP) for fee-for-service, Medicaid Managed Care, and Family Health Plus beneficiaries on October 1, 2009. Section 1 of Part F of Chapter 497 of the Laws of 2008 requires New York’s Medicaid program to implement a preferred diabetic supply program to receive manufacturer rebates on preferred blood glucose monitors and test strips.

Key Features

- **Access** - Enrollees obtain blood glucose monitors and strips from their pharmacy or durable medical equipment (DME) provider.

- **Preferred Products** - The PDSP offers several monitors and strips providing accurate and easy to use home blood glucose testing features. The Preferred Supply List (PSL) is available at [https://newyork.fhsc.com](https://newyork.fhsc.com). To request a hard copy of the PSL, please call (518) 951-2051 or email [NYPDPNotices@magellanhealth.com](mailto:NYPDPNotices@magellanhealth.com). Pharmacies and DME providers bill using National Drug Codes (NDC) to identify the preferred product(s).

- **Non-Preferred Products** - Medicaid edits claims to assure that the submitted claim is for a preferred diabetic supply product. If preferred products do not meet a beneficiary’s medical needs, a non-preferred product will require prior approval. Prior approval is based on documentation of medical necessity. If approved, non-preferred products are billed using HCPCS codes on the DME claim form.

- **Voice Synthesized Blood Glucose Monitors** - "Talking" blood-glucose monitors are NOT included in the PDSP. These products continue to be covered by Medicaid through the existing prior approval process.

- **Disposable Blood Glucose Monitors** - Disposable blood glucose monitors are NOT included in the PDSP. These products continue to be covered by Medicaid and DVS authorization is required.

- **Dually Eligible Beneficiaries** - When billing for Medicare beneficiaries NDCs should be used and are required when Medicare has approved “0”.

- **Reimbursement** – Reimbursement for preferred products does not exceed the lower of the usual and customary charge or the fee for each NDC on the List of Medicaid Reimbursable Drugs.

Questions?
Preferred Diabetic Supply Program Policy - (518) 486-3209
Prior Approval - (800) 342-3005
Billing - (800) 343-9000

Please visit the following websites for more information:
[http://www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm](http://www.nyhealth.gov/health_care/medicaid/program/pharmacy.htm)
[http://www.emedny.org/ProviderManuals/DME/index.html](http://www.emedny.org/ProviderManuals/DME/index.html)
[https://newyork.fhsc.com](https://newyork.fhsc.com)