Anthem Blue Cross

2016 Diabetic Supply Coverage Changes for our Individual Medicare Advantage Members

For this plan year, only specific brands of diabetic supplies will be covered by our plans. Covered brands are listed below:

Glucometers and test strips:
- LifeScan, Inc., OneTouch®
- Roche Diagnostics, ACCU-CHEK®

Lancets:
- Roche Diagnostics
- Prodigy Diabetes Care
- Owen Mumford US
- Perrigo Diabetes Care
- LifeScan, Inc.
- Good Neighbor
- Kroger/Perrigo

A limit of 100 blood test strips and 100 lancets per month

Next steps
- If our member is currently getting their covered glucometer and test strips from an in-network pharmacy or the plan’s mail-order pharmacy, you don’t need to do anything!
- If our member is not getting their covered glucometer and test strips from an in-network pharmacy or the plan’s mail-order pharmacy, then our member will need to get new prescriptions for the supplies, and take them to one of these pharmacies for these claims to be covered by us.
- If our member is not using the covered lancet brands noted above, they will need to get new prescription from you. Lancets can be purchased from an in-network pharmacy, the plan’s mail-order pharmacy or an in-network Durable Medical Equipment (DME) provider.
- Please note: Continuous Blood Glucose Monitoring devices and supplies are not a Medicare covered benefit.

Please contact Provider Service if you have any questions about these coverage changes or your patient’s benefits.

Thank you.

HCPC codes not covered when purchased through a DME provider:
- A4253 blood glucose test strips
- E0607 home blood glucose monitor
- E2100 blood glucose monitor with integrated voice synthesizer
- E2101 blood glucose monitor with integrated lancing/blood sample

## Plans that are included in this coverage change:

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Region</th>
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</thead>
<tbody>
<tr>
<td>Anthem MediBlue Plus (HMO)</td>
<td>CA</td>
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<tr>
<td>Anthem MediBlue Access (PPO)</td>
<td>CA</td>
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<tr>
<td>Anthem MediBlue Dual Advantage (HMO SNP)</td>
<td>CA</td>
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<tr>
<td>Anthem MediBlue Plus (HMO)</td>
<td>CA</td>
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<tr>
<td>Anthem MediBlue Select (HMO)</td>
<td>CA</td>
</tr>
<tr>
<td>Anthem MediBlue Coordination Plus (HMO)</td>
<td>CA</td>
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</tbody>
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If a member or a provider is in doubt as to whether or not a member is in an Individual Medicare Advantage Prescription Drug (MAPD) plan or an Employer or Union Sponsored plan, please have them check the front of the ID card which will show the contract and PBP number (example: H1234-001). If the PBP (the last three digits of the contract-PBP number) is in the 800 series, that member is in an Employer or Union Sponsored plan and these changes do not apply to their plans.

For more information about the exception process or the appeals policy, please see the plan’s 2016 Evidence of Coverage.

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