

From: Licensing [mailto:DSS_LICENSING@LISTSERV.COV.VIRGINIA.GOV] **On Behalf Of** Williams, Edwina (VDSS)
Sent: Thursday, May 01, 2014 2:01 PM
To: DSS_Licensing
Subject: Auto-retractable safety lancets: DMAS coverage criteria; private pay source

This file is being sent to licensed assisted living facilities from the Virginia Department of Social Services Email Distribution Service for Lynne A. Williams, Director, Division of Licensing Programs.

Please do not reply to this email.

In consultation with Department of Medical Assistance Services staff, we are able to provide the following guidance related to Medicaid coverage criteria for the auto-retractable safety lancets:

All Medicaid recipients residing in assisted living facilities (ALF) should have their own supplies ordered through a durable medical equipment (DME) company, as they would if living at home. If an ALF is assisting the resident to obtain supplies and wants to use the same DME company for all their recipients that is ok as long as the resident has no objections. However, each recipient should have his own supplies based on his individual needs.

The ALF should let the DME company know what supplies are needed and what quantities based on frequency of use. For example, the ALF should notify the DME that the recipient's blood sugar is tested 4 x per day. That way the DME provider can take that number and determine how many will be supplied per month.

The DME company will need to get a certificate of medical necessity (CMN) which the doctor will sign. The DME company should know how to take care of all of the paper work and documentation requirements.

If the recipient has a primary insurance, the DME will bill the primary insurance first. If the primary insurance does not cover an item but Medicaid does, in this case single use lancets, the DME company will then bill Medicaid. If the DME company is not sure how to do this or has questions they can contact the Department of Medical Assistance Services (DMAS).

For Medicare, since we know that Medicare does not currently cover single use lancets, the DME provider does not have to bill Medicare for the denial they can attached a short letter to the claim stating they know this item is non-covered by Medicare.

If anyone needs additional assistance with this process, please contact the one of the following DMAS staff members:

Elizabeth Flaherty, RN, Healthcare Compliance Specialist II, Long-Term Care Division at 804-786-7953

Barbara Seymour, Healthcare Compliance Specialist II, Long-Term Care Division at 804-786-1835

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Several of the distribution companies who were providing auto-retractable safety lancets to private pay individuals exhausted their supplies, raised prices significantly in response to increasing demand or simply no longer deal directly with the consumers. Families in one locality did the legwork to locate a supplier who had adequate/acceptable stock and good prices. While we are not endorsing this, or any other specific provider, we are supplying the company information for individuals and/or facilities who may wish to follow-up for themselves:

Diabetic Health and Wellness

Website link <http://diabetichealthandwellness.com/>

phone # 1-800-683-9568

We sincerely hope that this information helps to alleviate the difficulties some of you have had in transitioning to the latest infection control safety guidelines for blood glucose monitoring (copy attached).

SCROLL DOWN TO VIEW ATTACHMENT

CDC CLINICAL REMINDER

Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens

Summary: The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about the risks for transmitting hepatitis B virus (HBV) and other bloodborne pathogens to persons undergoing fingerstick procedures for blood sampling – for instance, persons with diabetes who require assistance monitoring their blood glucose levels. Reports of HBV infection outbreaks linked to diabetes care have been increasing^{1,2,3}. This notice serves as a reminder that fingerstick devices should never be used for more than one person.

Background

Fingerstick devices are devices that are used to prick the skin and obtain drops of blood for testing. There are two main types of fingerstick devices: those that are designed for reuse on a single person and those that are disposable and for single-use.



Figure 1: Reusable fingerstick devices*

- **Reusable Devices:** These devices often resemble a pen and have the means to remove and replace the lancet after each use, allowing the device to be used more than once (see **Figure 1**). Due to difficulties with cleaning and disinfection after use and their link to numerous outbreaks, CDC recommends that these devices never be used for more than one person. If these devices are used, it should only be by individual persons using these devices for self-monitoring of blood glucose.
- **Single-use, auto-disabling fingerstick devices:** These are devices that are disposable and prevent reuse through an auto-disabling feature (see **Figure 2**). In settings where assisted monitoring of blood glucose is performed, single-use, auto-disabling fingerstick devices should be used.



Figure 2: Single-use, disposable fingerstick devices*

The shared use of fingerstick devices is one of the common root causes of exposure and infection in settings such as long-term care (LTC) facilities, where multiple persons require assistance with blood glucose monitoring. Risk for transmission of bloodborne pathogens is not limited to LTC settings but can exist anywhere multiple persons are undergoing fingerstick procedures for blood sampling. For example, at a health fair in New Mexico earlier this year, dozens of attendees were potentially exposed to bloodborne pathogens when fingerstick devices were reused to conduct diabetes screening.

Recommendations

Anyone performing fingerstick procedures should review the following recommendations to ensure that they are not placing persons in their care at risk for infection.

- Fingerstick devices should **never** be used for more than one person.
- Auto-disabling **single-use** fingerstick devices should be used for assisted monitoring of blood glucose.

These recommendations apply not only to licensed healthcare facilities but also to any setting where fingerstick procedures are performed, including assisted living or residential care facilities, skilled nursing facilities, clinics, health fairs, shelters, detention facilities, senior centers, schools, and camps. Protection from infections, including bloodborne pathogens, is a basic requirement and expectation anywhere healthcare is provided.

Additional information is available at:

<http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>

<http://www.cdc.gov/hepatitis/Settings/GlucoseMonitoring.htm>

<http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm224025.htm>

References

1. Centers for Disease Control and Prevention. Transmission of hepatitis B virus among persons undergoing blood glucose monitoring in long-term-care facilities – Mississippi, North Carolina, and Los Angeles County, California, 2003-2004. *MMWR* 2005;54:220-223.
2. Patel AS, White-Comstock MB, Woolard D, Perz JF. Infection Control Practices in Assisted Living Facilities: A Response to Hepatitis B Virus Infection Outbreaks. *ICHE* 2009;30(3):209-214.
3. Thompson ND, Perz JF. Eliminating the Blood: Ongoing Outbreaks of Hepatitis B Virus Infection and the Need for Innovative Glucose Monitoring Technologies. *J Diabetes Sci Technol* 2009;3(2):283-288

* **Disclaimer:** Images provided on this page are examples only and do not represent an endorsement by the Centers for Disease Control and Prevention.