

DHS Bulletin: Prior Authorization Requirements for Blood Glucose Meters (Voice-Enabled or Integrated Lancing)

On February 27, 2026, the Pennsylvania Department of Human Services (DHS) issued a bulletin to advise providers about new provider handbook pages that include new clinical guidelines for prior authorization to support the medical necessity of prescriptions for blood glucose meters (BGMs) with voice synthesizer or integrated lancing blood sample..

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, certified nurse midwives, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, extended care facilities, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for BGMs with voice synthesizer or integrated lancing sample to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

The bulletin is attached to this update for your convenience. You can also find the bulletin on the DHS bulletin search webpage:
<https://www.pa.gov/agencies/dhs/resources/for-providers/bulletin-search>.

If you have questions or concerns regarding this updates you may contact the PHW pharmacy team at: PharmacyEscalationsPHW@Centene.com or please reach out to your Provider Representative directly.

Thank you for your continued partnership in serving PA's CHC Participants.

PA Health & Wellness



Medical Assistance BULLETIN

ISSUE DATE February 27, 2026	EFFECTIVE DATE February 27, 2026	NUMBER 01-26-47, 03-26-42, 08-26-47, 09-26-47, 10-26-06, 24-26-47, 25-26-06, 31-26-47, 33-26-43
SUBJECT Prior Authorization Guidelines for Blood Glucose Meters with Voice Synthesizer or Integrated Lancing Blood Sample		BY  Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents>.

PURPOSE:

The purpose of this bulletin is to advise providers about new provider handbook pages that include new clinical guidelines for prior authorization to support the medical necessity of prescriptions for blood glucose meters (BGMs) with voice synthesizer or integrated lancing blood sample.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, certified nurse midwives, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, extended care facilities, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies, and durable medical equipment suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for BGMs with voice synthesizer or integrated lancing sample to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render these services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
<https://www.pa.gov/agencies/dhs/departments-offices/omap-info>

unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, Section 443.6(b)(2) of the act of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), referred to as the Human Services Code, requires MA providers to obtain prior authorization for purchase of appliances or equipment that cost more than six hundred dollars.

BGMs with voice synthesizer or integrated lancing blood sample are devices used to measure beneficiary's blood sugar levels, which is covered under the MA Program when the item is determined to be medically necessary to support the beneficiary's treatment plan. Providers may render this service by supplying the meters to the beneficiaries who require routine monitoring to manage diabetes or related medical conditions.

On June 24, 2025, the Department advised providers of the change to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization." There are no MCG guidelines for BGMs with voice synthesizer or integrated lancing blood sample to determine medical necessity. Therefore, the Department is advising providers of clinical guidelines for prior authorization of BGMs with voice synthesizer or integrated lancing blood sample for MA beneficiaries.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attachments for the prior authorization review of BGM with voice synthesizer or integrated lancing blood sample. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form at:

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837-professional-cms-1500-claim-form.pdf>, or the PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/providers/promise-guides/documents/837%20Institutional%20UB-04%20Claim%20Form.pdf>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

These clinical guidelines do not apply to BGMs and test strips included in the Statewide Preferred Drug List (PDL), which can be accessed at: <https://www.papdl.com/>. Prior authorization information for BGMs and test strips on the Statewide PDL can be reviewed in MA Bulletin 01-19-84 titled, "Prior Authorization of Blood Glucose Meters and Test Strips (Formerly Diabetic Meters and Diabetic Strips) – Pharmacy", which can be accessed on the Department's webpage at: https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/c_291989.pdf.

ATTACHMENTS:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.12, Prior Authorization of Blood Glucose Meter (BGM) with Voice Synthesizer or Integrated Lancing Blood Sample, Effective February 27, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.10, Prior Authorization of Blood Glucose Meter (BGM) with Voice Synthesizer or Integrated Lancing Blood Sample, Effective February 27, 2026.

7.1.2.12 Prior Authorization of Blood Glucose Meter (BGM) with Voice Synthesizer or Integrated Lancing Blood Sample

- I. General Requirements for Prior Authorization of BGM with Voice Synthesizer or Integrated Lancing Blood Sample
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. General Requirements for Prior Authorization of Blood Glucose Meter (BGM) with Voice Synthesizer or Integrated Lancing Blood Sample**A. Prescriptions that Require Prior Authorization**

All prescriptions for the purchase of BGMs with integrated voice synthesizers and BGMs with integrated lancing blood sample and associated supplies.

B. Documentation for Review

The following information should be submitted with an authorization request:

1. Diagnoses relevant to the requested BGM;
2. Recent Hemoglobin A1c;
3. Current medications related to diagnoses.
4. Documentation of any other BGMs used and why they do not meet the needs of the beneficiary, if applicable.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for one of the above BGMs and supplies, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

For BGMs with integrated lancing blood sample and associated supplies:

1. Has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; and
2. Has an impairment of manual dexterity, vision, or other condition that prevents one from using BGM without an integrated lancing blood sample system.

For BGMs with voice synthesizer:

1. Has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; and
2. Has a condition such as severe visual impairment that necessitates the use of a voice synthesizer on their BGM.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C above to assess the medical necessity of a prescription for BGM with voice synthesizer or integrated lancing blood sample and supplies. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Bryant, E. (1999). "Talking Blood Glucose Monitoring Systems." *National Federation of the Blind*. Retrieved from <https://nfb.org/sites/default/files/images/nfb/publications/vodold/vspr9914.htm>
2. Centers for Medicare & Medicaid Services. "National Coverage Determination (NCD) Home Blood Glucose Monitors". Retrieved from <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=222&DocID=40.2>
3. Freckmann, G., Schmid, C., Ruhland, K., Baumstark, A., & Haug, C. (2012). "Integrated Self-Monitoring of Blood Glucose System: Handling Step Analysis." *Journal of Diabetes Science and Technology*, 6(4), 938–946. <https://doi.org/10.1177/193229681200600427>

7.1.2.10 Prior Authorization of Blood Glucose Meter (BGM) with Voice Synthesizer or Integrated Lancing Blood Sample

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1. Diagnoses relevant to the requested BGM;
2. Recent Hemoglobin A1c
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4. Documentation of any other BGMs used and why they do not meet the needs of the beneficiary, if applicable.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for one of the above BGMs and supplies, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

For BGMs with integrated lancing blood sample and associated supplies:

1. Has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; and
2. Has an impairment of manual dexterity, vision, or other condition that prevents one from using a BGM without an integrated lancing blood sample system.

For BGMs with voice synthesizer:

1. Has a medical condition that requires monitoring of blood glucose levels for the proper management of their condition; and
2. Has a condition such as severe vision impairment that necessitates the use of a voice synthesizer on the BGM.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C above to assess the medical necessity of a prescription for BGM with voice synthesizer or integrated lancing blood sample and supplies. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

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