

	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2024
	Subject: Coverage criteria for Ketone Test Strips

Ketone Test Strips Coverage Criteria

1. Purpose

This policy outlines the coverage criteria for ketone test strips (HCPCS A4250 and A4252).

2. Coverage Criteria

Members aged 21 and Over

This is not a covered item.

Members aged 20 and Under

To be eligible for coverage of an item, the following must be met.

- The member must have a diabetes mellitus or gestational diabetes diagnosis code.
- The member is at immediate risk for diabetic ketoacidosis.

3. Authorization Requirements

Prior authorization is not required when the above criteria are met.

For individuals aged 20 and under who do not meet the coverage criteria, prior authorization is required if the provider determines the service is medically necessary.

Prior authorization is required to exceed the established maximum allowed units.

[Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.](#)

4. Reimbursement

Montana Healthcare Programs will reimburse A4250 and A4252 at 75% of the Manufacturer's Suggested Retail Price (MSRP), in accordance with ARM 37.86.1807, when the above criteria are met. Providers must refer to the Durable Medical Equipment Fee Schedule for applicable rates.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.