

MEDICAL POLICY	Diabetes: Blood Glucose Monitors and Supplies (All Lines of Business Except Medicare)
Effective Date: 9/1/2022	Medical Policy Number: 239
 9/1/2022	Medical Policy Committee Approved Date: 6/02; 5/03; 9/03; 11/04; 3/05; 3/07; 5/09; 12/10; 6/12; 7/13; 10/14; 10/15; 9/16; 6/17; 12/18; 12/19; 8/2020; 08/2021; 8/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare (*unless otherwise directed by a Medicare medical policy. Note that investigational services are considered “not medically necessary” for Medicare members.*)

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

- I. Home blood glucose monitors and related accessories and supplies (i.e., lancets [A4259], glucose control solutions [A4256], and spring powered devices for lancets [A4258]), **may be medically necessary** when **both** of the following criteria are met (A.-B.):
 - A. The member has been diagnosed with diabetes; **and**
 - B. The member’s treating practitioner has concluded that the member (or the member’s caregiver) has sufficient training using the particular device prescribed as evidenced by

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providing a prescription for the appropriate supplies and frequency of blood glucose testing.

- II. Home glucose monitors and related accessories and supplies are considered **not medically necessary and not covered** if the coverage criteria (see Criterion I) are not met.
- III. Home blood glucose monitors with special features (E2100, E2101) may be medically necessary for individuals with a visual impairment when **both** of the following are met A.-B.):
 - A. The coverage criteria (See Criterion I) are met; **and**
 - B. The treating practitioner certifies that the beneficiary has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system.
- IV. Home blood glucose monitors represented by HCPCS code E2101 may also be **medically necessary** for those with impairment of manual dexterity when **both** of the following are met (A.-B.):
 - A. The coverage criteria (see Criterion I) are met; **and**
 - B. The treating practitioner certifies that the member has **an impairment of manual dexterity** severe enough to require the use of this special monitoring system. (Note, coverage of E2101 for individuals with manual dexterity impairments is not dependent upon the above visual impairment criteria).
- V. Blood glucose monitors with special features (code E2100 or E2101) are considered **not medically necessary and not covered when** the above criteria (III and IV) are not met.
- VI. More than one spring powered device (A4258) per 6 months is **considered not medically necessary** and not covered.
- VII. Laser skin piercing devices (E0620) and the related lens shield cartridge (A4257) are considered **not medically necessary and not covered**.
- VIII. The quantity of lancets (A4259) which may be considered medically necessary depends on the following guidelines:
 - A. Usual Utilization
 - 1. For a member who is not currently being treated with insulin injections, up to 100 lancets every 3 months are covered if the coverage criteria (see Criterion I) are met
 - 2. For a member who is currently being treated with insulin injections, up to 300 lancets every 3 months are covered if coverage criteria (Criterion I) are met
 - B. High Utilization

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- 1. For a beneficiary who is not currently being treated with insulin injections, more than 100 lancets every 3 months are covered if criteria (a.-c) below are met:
 - a. Coverage criteria (Criterion I) listed above for all home glucose monitors and related accessories and supplies are met; **and**
 - b. Within the six (6) months prior to ordering quantities of lancets that exceed the utilization guidelines, the treating practitioner has had an in-person visit with the member to evaluate their diabetes control and their need for the specific quantity of supplies that exceeds the usual utilization amounts described above; **and**
 - c. Every six (6) months, for continued dispensing of quantities of testing supplies that exceed the usual utilization amounts, the treating practitioner must verify adherence to the high utilization testing regimen.

 - IX. Quantities of lancets that exceed the utilization guidelines provided or if the above criteria for high utilization (See Criteria VIII.B.1.a-c) are not met, the amount in excess will be considered **not medically necessary and not covered**.
- Non-Covered Items**
- X. Alcohol or peroxide (A4244, A4245), betadine or phisoHex (A4246, A4247) are considered **not medically necessary and not covered** because these items are not required for the proper functioning of the device.
 - XI. Urine test reagent strips or tablets (code A4250) are considered **not medically necessary and not covered** because they are not used with a glucose monitor.
 - XII. Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are considered **not medically necessary and not covered** as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use.
 - XIII. Glucose monitors that are not designed for use in the home must be coded A9270 and will be denied a noncovered benefit.
 - XIV. Home blood glucose disposable monitors, including test strips (A9275) are **considered not medically necessary and not covered** because these monitors do not meet the definition of DME.

POLICY GUIDELINES

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This policy may be primarily based on the following Center for Medicare and Medicaid Services (CMS) guidances:

- Local Coverage Determination (LCD): Glucose Monitors (L33822)¹; and
- Local Coverage Article (LCA): Glucose Monitor – Policy Article (A52464)².

BILLING GUIDELINES

Refills of DMEPOS Items

The following refill guidelines are based on the LCD L33822¹ and the Medicare Program Integrity Manual³:

For DMEPOS provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS that are supplied as refills to the original order, suppliers must contact the member prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized to do so by the member. This is to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the member or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized.

For all DMEPOS items that are provided on a recurring basis, including DMEPOS products that are supplied as refills to the original order, suppliers are required to have contact with the member or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary's expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted. Regardless of utilization, a supplier must not dispense more than a three (3)-month quantity at a time.

See Providence Health Plan Pharmacy Operational Policy: *Miscellaneous Products, Blood Glucose Test Strips* regarding glucose test or reagent strips (A4253).

CPT/HCPCS CODES

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All Lines of Business Except Medicare	
No Prior Authorization Required	
Blood Glucose Monitors:	
E0607	Home blood glucose monitor
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample
Glucose Supplies	
A4206	Syringe with needle, sterile, 1 cc or less, each
A4215	Needle, sterile, any size, each
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each
A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each
A4255	Platforms for home blood glucose monitor, 50 per box
A4256	Normal, low and high calibrator solution / chips
A4258	Spring-powered device for lancet, each
A4259	Lancets, per box of 100
S8490	Insulin syringes (100 syringes, any size)
Not Covered	
Glucose Supplies	
A4244	Alcohol or peroxide, per pint
A4245	Alcohol wipes, per box
A4246	Betadine or phisoHex solution, per pint
A4247	Betadine or iodine swabs/wipes, per box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
A9270	Non-covered item or service
A9275	Home glucose disposable monitor, includes test strips
E0620	Skin piercing device for collection of capillary blood, laser, each

DESCRIPTION

Home glucose monitors enable certain patients to better control their blood glucose levels by frequently checking and appropriately contacting their attending physician for advice and treatment.

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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Article: Glucose Monitor - Policy Article (A52464). Revision Effective Date: 07/18/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52464>. Accessed 7/5/2022.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Glucose Monitors (L33822). Revision Effective Date: For services performed on or after 07/18/2021. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33822>. Accessed 7/5/2022.
3. Centers for Medicare & Medicaid Services. Medicare Program Integrity Manual, Chapter 5, §5.2.6 - Refills of DMEPOS Items Provided on a Recurring Basis <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c05.pdf>. Accessed 7/7/2022.