

# Medicare Medical Policy

## Diabetes: Blood Glucose Monitor and Supplies

MEDICARE MEDICAL POLICY NUMBER: 276

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**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”).

## PRODUCT AND BENEFIT APPLICATION

Medicare Only

### MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

**Note:** Blood glucose test or reagent strips (A4253) are addressed in the Providence Health Plan Pharmacy policy: *Miscellaneous Products, Blood Glucose Test Strips*. Continuous glucose monitors (CGMs) and related supplies are also addressed in a separate medical policy. See Medical Policy Cross References below.

Service	Medicare Guidelines
<i>Home blood glucose monitors and related accessories and supplies</i>	<ul style="list-style-type: none"><li>National Coverage Determination (NCD): Home Blood Glucose Monitors (<a href="#">40.2</a>)</li><li>Local Coverage Determination (LCD): Glucose Monitors (<a href="#">L33822</a>)</li><li>Local Coverage Article: Glucose Monitor – Policy Article (<a href="#">A52464</a>)</li></ul>

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

- [Advanced Diabetes Management Technology](#), MP25

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

None

## REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## BILLING GUIDELINES AND CODING

### GENERAL

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

Like all S-codes, the *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare<sup>1</sup>, indicates HCPCS code S8490 has been assigned a Status Indicator of "I." This is defined as "Not valid for Medicare purposes." HCPCS code S8490 is not covered unless allowed under a Medicare Advantage provider contract exception, as indicated in the relevant Company coding policy, (*Coding Policy 22.0 HCPCS S-Codes and H-Codes*).

CODES*		
CPT	None	
HCPCS	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
	A4244	Alcohol or peroxide, per pint
	A4245	Alcohol wipes, per box
	A4246	Betadine or phisoex solution, per pint
	A4247	Betadine or iodine swabs/wipes, per box
	A4250	Urine test or reagent strips or tablets (100 tablets or strips)
	A4255	Platforms for home blood glucose monitor, 50 per box
	A4257	Replacement lens shield cartridge for use with laser skin piercing device, each
	A4258	Spring-powered device for lancet, each
	A4259	Lancets, per box of 100
	A9270	Non-covered item or service
	A9275	Home glucose disposable monitor, includes test strips
	E0607	Home blood glucose monitor
	E0620	Skin piercing device for collection of capillary blood, laser, each
	E2100	Blood glucose monitor with integrated voice synthesizer
	E2101	Blood glucose monitor with integrated lancing/blood sample
	S8490	Insulin syringes (100 syringes, any size)

**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

None

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
9/2022	Annual review (converted to new format 2/2023)