

Medical Policy



Blood Glucose Monitors (Home)

▼ Description

A home blood glucose monitor is a portable battery-operated device which measures blood glucose levels by using a small blood sample on a testing strip. A disposable lancet is used to pierce the skin to obtain the blood sample.

▼ Policy

A home blood glucose monitor is considered **reasonable and necessary** for Members with insulin treated diabetes, non-insulin treated diabetes, and gestational diabetes so that diabetic control can be achieved.

▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.
2. Home blood glucose monitors are reasonable and necessary for Members who are diabetics and who can better control their blood glucose levels by checking these levels and appropriately contacting their attending physician for advice and treatment.
3. To be considered reasonable and necessary, the Member must meet all of the following basic criteria:
4. The Member has diabetes or gestational diabetes (Reference Diagnosis Code that Support Medical Necessity) which is being treated by a physician and;
 - a. The glucose monitor and related accessories and supplies have been ordered by the Member's treating physician and the treating physician maintains records reflecting the care provided including, but not limited to, evidence of medical necessity for the prescribed frequency of testing; and
 - b. The Member (or the Member's caregiver) has successfully completed training or is scheduled to begin training in the use of the monitor, test strips, and lancing devices; and
 - c. The Member (or the Member's caregiver) is capable of using the test results to assure the Member's appropriate glycemic control; and

d. The device is designed for home use.

For all glucose monitors and related accessories and supplies, if the basic coverage criteria 3(a)-(e) are not met, the items will be considered not reasonable and necessary.

5. Home blood glucose monitors with special features (E2100, E2101) are covered when the basic coverage criteria 3(a)-(e) are met and the treating physician certifies that the Member 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.
6. Procedure code E2101 is also covered for those with impairment of manual dexterity when the basic coverage criteria 3(a)-(e) are met and the treating physician certifies that the Member has an impairment of manual dexterity severe enough to require the use of this special monitoring system. Coverage of E2101 for Members with manual dexterity impairments is not dependent upon a visual impairment.
7. Lancets (A4259), blood glucose test reagent strips (A4253), glucose control solutions (A4256), spring powered devices for lancets (A4258), are considered reasonable and necessary for Members for whom the glucose monitor is covered. . More than one spring powered device (A4258) per 6 months will rarely be medically necessary.
8. The medical necessity for a laser skin piercing device (E0620) and related lens shield cartridge (A4257) has not been established; therefore, claims for E0620 and or A4257 will be considered not reasonable and necessary.
9. The quantity of test strips (A4253) and lancets (A4259) that are considered reasonable and necessary depends on the usual medical needs of the diabetic Member according to the following guidelines:
 - a. For a Member who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets or one lens shield cartridge every 3 months are covered if criteria (i)-(iii) are met .
 - b. For a Member who is currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every month are covered if criteria (i)-(iii) are met:
 - c. For a Member who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if criteria (i)-(vi) are met :
 - d. For a Member who is currently being treated with insulin injections, more than 100 test strips and more than 100 lancets or one lens shield cartridge every month are covered if criteria (i)-(vi) are met:
 - i.) Coverage criteria 3(a)-(e) listed above for a glucose monitor are met.
 - ii) The provider of the test strips and lancets maintains in its records the order from the treating physician.

iii) The Member has nearly exhausted the supply of test strips and lancets previously dispensed.

iv) The treating physician has ordered a frequency of testing that exceeds the utilization guidelines and medical necessity documentation is submitted with the claim specifying the reason for the additional materials for that particular Member.

v) The treating physician has seen the Member and has evaluated their diabetes control within 6 months prior to ordering quantities of strips and lancets, or lens shield cartridges that exceed the utilization guidelines.

vi) If refills of quantities of supplies that exceed the utilization guidelines are dispensed, there must be documentation in the physician's records (e.g., a specific narrative statement that adequately documents the frequency at which the Member is actually testing or a copy of the Member's log) or in the provider's records (e.g., a copy of the Member's log) that the Member is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the Member is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months.

If criteria (i)-(iii) are not met, all testing supplies will be considered not reasonable and necessary. If quantities of test strips, lancets or lens shield cartridges that exceed the utilization guidelines are provided and criteria (iv)-(vi) are not met, the amount in excess will be considered not reasonable and necessary.

10. Providers must not dispense a quantity of supplies exceeding a Member's expected utilization. Providers should stay attuned to atypical utilization patterns on behalf of their patient and verify with the treating physician that the atypical utilization is, in fact, justified. Regardless of utilization, a provider must not dispense more than a 1 month quantity of glucose testing supplies at a time.
11. An order refill does not have to be approved by the treating physician; however, a Member or their caregiver must specifically request refills of glucose monitor supplies before they are dispensed. The provider must not automatically dispense a quantity of supplies on a predetermined regular basis, even if the Member has "authorized" this in advance.

Exclusions:

1. Alcohol or peroxide (A4244, A4245), betadine or phisoHex (A4246, A4247) are not considered reasonable and necessary since these items are not required for the proper functioning of the device.
2. Urine test or reagent strips or tablets (A4250) are not reasonable and necessary since they are not used with a glucose monitor.
3. Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are not considered reasonable and necessary as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use.
4. Home Blood Glucose disposable monitors, including test strips (A9275) are not reasonable and necessary because these monitors do not meet the definition of DME.
5. The efficacy of the laser skin piercing device (E0620) over more conventional methods has not been proven and therefore not reasonable and necessary.
6. In addition, since E0620 is not considered reasonable and necessary, replacement lens shield cartridges (A4257) are also considered not reasonable and necessary.
7. The GlucoWatch is not reasonable and necessary.
8. Smart devices are non-covered because they do not meet the definition of DME (i.e., not primarily medical in nature and are useful in the absence of illness). Claims for smart devices must be billed using code A9270 (noncovered item or service).

▼ **Diagnosis Codes that Support Medical Necessity**

ICD-10 Code	Description
E08.00	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema

E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic

	arthropathy
E08.620	Diabetes mellitus due to underlying condition with diabetic dermatitis
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.628	Diabetes mellitus due to underlying condition with other skin complications
E08.630	Diabetes mellitus due to underlying condition with periodontal disease
E08.638	Diabetes mellitus due to underlying condition with other oral complications
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.649	Diabetes mellitus due to underlying condition with hypoglycemia without coma
E08.65	Diabetes mellitus due to underlying condition with hyperglycemia
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E08.9	Diabetes mellitus due to underlying condition without complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative

	diabetic retinopathy without macular edema
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.620	Drug or chemical induced diabetes mellitus with diabetic dermatitis
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.628	Drug or chemical induced diabetes mellitus with other skin complications
E09.630	Drug or chemical induced diabetes mellitus with periodontal disease
E09.638	Drug or chemical induced diabetes mellitus with other oral complications

E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.649	Drug or chemical induced diabetes mellitus with hypoglycemia without coma
E09.65	Drug or chemical induced diabetes mellitus with hyperglycemia
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E09.9	Drug or chemical induced diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
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E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.36	Type 1 diabetes mellitus with diabetic cataract
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy

E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
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E10.630	Type 1 diabetes mellitus with periodontal disease
E10.638	Type 1 diabetes mellitus with other oral complications
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.649	Type 1 diabetes mellitus with hypoglycemia without coma
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E11.00	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema

E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.36	Type 2 diabetes mellitus with diabetic cataract
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
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E11.620	Type 2 diabetes mellitus with diabetic dermatitis
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.628	Type 2 diabetes mellitus with other skin complications
E11.630	Type 2 diabetes mellitus with periodontal disease
E11.638	Type 2 diabetes mellitus with other oral complications
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.649	Type 2 diabetes mellitus with hypoglycemia without coma
E11.65	Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E13.00	Other specified diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma

E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.36	Other specified diabetes mellitus with diabetic cataract
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene

E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy
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E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.628	Other specified diabetes mellitus with other skin complications
E13.630	Other specified diabetes mellitus with periodontal disease
E13.638	Other specified diabetes mellitus with other oral complications
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.649	Other specified diabetes mellitus with hypoglycemia without coma
E13.65	Other specified diabetes mellitus with hyperglycemia
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E13.9	Other specified diabetes mellitus without complications
O24.011	Pre-existing diabetes mellitus, type 1, in pregnancy, first trimester
O24.012	Pre-existing diabetes mellitus, type 1, in pregnancy, second trimester
O24.013	Pre-existing diabetes mellitus, type 1, in pregnancy, third trimester
O24.019	Pre-existing diabetes mellitus, type 1, in pregnancy, unspecified trimester
O24.02	Pre-existing diabetes mellitus, type 1, in childbirth
O24.03	Pre-existing diabetes mellitus, type 1, in the puerperium
O24.111	Pre-existing diabetes mellitus, type 2, in pregnancy, first trimester
O24.112	Pre-existing diabetes mellitus, type 2, in pregnancy, second trimester
O24.113	Pre-existing diabetes mellitus, type 2, in pregnancy, third trimester
O24.119	Pre-existing diabetes mellitus, type 2, in pregnancy, unspecified trimester
O24.12	Pre-existing diabetes mellitus, type 2, in childbirth
O24.13	Pre-existing diabetes mellitus, type 2, in the puerperium
O24.311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24.312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24.313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24.319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.32	Unspecified pre-existing diabetes mellitus in childbirth
O24.33	Unspecified pre-existing diabetes mellitus in the puerperium
O24.811	Other pre-existing diabetes mellitus in pregnancy, first trimester
O24.812	Other pre-existing diabetes mellitus in pregnancy, second trimester

O24.813	Other pre-existing diabetes mellitus in pregnancy, third trimester
O24.819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
O24.82	Other pre-existing diabetes mellitus in childbirth
O24.83	Other pre-existing diabetes mellitus in the puerperium
O24.911	Unspecified diabetes mellitus in pregnancy, first trimester
O24.912	Unspecified diabetes mellitus in pregnancy, second trimester
O24.913	Unspecified diabetes mellitus in pregnancy, third trimester
O24.919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
O24.92	Unspecified diabetes mellitus in childbirth
O24.93	Unspecified diabetes mellitus in the puerperium

▼ HCPCS Level II Codes and Description

Equipment:

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

Supplies:

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 PHISOHEX SOLUTION, PER PINT
- A4247 BETADINE OR IODINE SWABS/WIPES, PER BOX
- A4250 URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)
- A4253 BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS
- A4255 PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX
- A4256 NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS
- 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
- A9275 HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS
- A9276 SENSOR; INVASIVE (EG, SUBCUTANEOUS) DISPOSABLE, FOR USE WITH INTESTINAL CONT. BGMS 1U.=1 DAY SUPPLY
- A9277 TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM
- A9278 RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

▼ Coding Guidelines

1. Code A4256 describes control solutions containing high, normal, and low concentrations of glucose that can be applied to test strips to check the integrity of the test strips. This code does not describe the strip or chip

- which is included in a vial of test strips and which calibrates the glucose monitor to that particular vial of test strips.
2. A laser skin lancing device (E0620) uses laser technology to pierce the skin in order to obtain capillary blood for use in home blood glucose monitors.
 3. For glucose test strips (A4253), 1 unit of service = 50 strips. For lancets (A4259), 1 unit of service = 100 lancets.
 4. Blood glucose test or reagent strips that use a visual reading and are not used in a glucose monitor must be coded A9270 (not reasonable and necessary item or service). Do not use code A4253 for these items.

▼ Definitions

1. Insulin-treated means that the Member is receiving insulin injections to treat their diabetes. Insulin does not exist in an oral form and therefore Members taking oral medication to treat their diabetes are not insulin-treated.
2. A severe visual impairment is defined as a best corrected visual acuity of 20/200 or worse.
3. An order renewal is the act of obtaining an order for an additional period of time beyond that previously ordered by the treating physician.
4. An order refill is the act of replenishing quantities of previously ordered items during the time period in which the current order is valid.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended

to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

CGS Administrators, LLC. Glucose Monitors, Jurisdiction B DME MAC, Local Coverage Determination No. L33822; revised date October 1, 2015. Reviewed December 5, 2018.

Noridian Healthcare Solutions, LLC. Glucose Monitors. Local Coverage Determination No. L33822. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Revised October 1, 2015. Reviewed December 5, 2018.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01	10-2008	Added HCPC codes A9276 – A9278	Susan Glomb	Ken Fasse	
02	Dec.2008	Codes added that support medical necessity 249.00-249.91 (Secondary diabetes mellitus with unspecified complication) relating to insulin pumps only.	Susan Glomb	Ken Fasse	
03		Annual Review	Susan Glomb	Ken Fasse	Dec.2008

04	Dec. 2009	Policy updated to mirror Medicare policy.	Susan Glomb	Ken Fasse	
05	Dec. 4, 2009	Annual Review. No additional changes.	Susan Glomb	Ken Fasse	
04	11-19-10	Annual Review. No changes.	Susan Glomb	Ken Fasse	Nov. 10
05	02-15-11	Deleted least costly alternative language for codes E2100, E2101, E0620 and A4257	Susan Glomb	Dr. Almasri	Feb. 2011
06	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. Almasri	
07	11-07-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
08	03-09-12	References to "non covered or not medically necessary" deleted and replaced with "not considered reasonable and necessary".	Susan Glomb	Dr. B. Almasri	
09	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
10	12-11-12	Annual review. Change made to reference for laser skin piercing device. The medical necessity for a laser skin piercing device (E0620) and related lens shield cartridge (A4257) has not been established; therefore, claims for E0620 and or A4257 will be considered not reasonable and necessary.	Susan Glomb	Dr. B. Almasri	Dec 12
11	08-08-13	Policy refers to coverage for gestational diabetes however the ICD-9 code was not included. Code 648.8 added to policy.	Susan Glomb	Dr. B. Almasri	
12	12-11-13	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	
13	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements. Also added coverage for Gestational Diabetes	Susan Glomb	Dr. B. Almasri	
14	12-14-15	Annual review. Updated diagnosis code list to ICD-10 and updated Medicare reference.	Lisa Wojno	Dr. B. Almasri	
15	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016

16	12-11-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017
17	12-5-18	Annual review. Medicare references updated. Per Medicare, added to exclusions: Smart devices are noncovered; claims must be billed using code A9270 (noncovered item or service).	Carol Dimech	Dr. C. Lerchin	December 2018