



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Glucose Testing Supplies

Policy Number: PG0155
Last Review: 11/14/2019

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Diabetes mellitus is a disease characterized by hyperglycemia resulting from abnormal insulin secretion and/or abnormal insulin action within the body. Chronic hyperglycemia, resulting from poorly controlled diabetes, may result in serious and life-threatening damage, including dysfunction and failure of the eyes, kidneys, nervous system and cardiovascular system. The presence of insulin, a hormone, is essential for the body to convert sugar, starches and other foods into energy.

Self-management of diabetes, Type I, Type II and gestational diabetes, is essential for the control of the disease and curtailing irreversible dysfunction and possible failure of multiple body systems. To assist diabetics in self-management of their care, diabetic supplies such as needles, syringes, needle-free insulin injection devices, insulin pens, test strips (i.e., glucose and ketone), lancets, control solutions, and alcohol swabs may be indicated.

POLICY

HMO, PPO, Individual Marketplace

- Coverage under pharmacy benefit preferred unless member does not have prescription coverage of testing supplies.

Elite/ProMedica Medicare Plan

- Coverage under the pharmacy benefit or through DME supplier

Advantage

- Coverage under the pharmacy benefit

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

- Glucose Testing Supplies requires prior authorization ONLY if exceeds benefit limits

Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Glucose Testing Supplies Coverage Determination

To be eligible for coverage of home blood glucose monitors and related accessories and supplies (i.e. test strips for glucose monitors insulin, injection devices, syringes), the member must meet ALL of the following basic criteria:

1. The member has a diagnosis of diabetes by a physician or health care provider with prescribing authority working under the supervision of a physician; **and**
2. The equipment and supplies are prescribed by a physician or health care provider with prescribing authority working under the supervision of a physician; **and**
3. The member's physician has concluded that the member (or the member's caregiver) has sufficient training using the particular device prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing; **and**
4. The glucose monitor is covered; **and**
5. Diabetic Supplies are covered when the glucose monitors support coverage.

For all glucose monitors and related accessories and supplies, if the basic coverage criteria, as listed above, are not met the item(s) will be denied as not reasonable and necessary.

The following diabetic supplies are covered for members who have Diabetes:

Diabetic equipment and supplies are covered when the glucose monitor is covered.

- Blood glucose testing strips (A4253) specified for use with the corresponding glucose monitor, i.e. **True Metrix, One Touch, Freestyle, Accu-Check, Contour.**
 - Available from either DME providers or Pharmacy providers (Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.)
- Lancets (A4259)
 - Available from either DME providers or Pharmacy providers (Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.)
- Spring powered devices for lancets (A4258)
 - Available from either DME providers or Pharmacy providers (Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.)
- Glucose control solution (A4256)
 - Available from either DME providers or Pharmacy providers (Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.)
- Visual reading strips and urine testing strips and tablets, which test for glucose, ketones and protein. Requires a diagnosis of diabetes with visual impairment or blindness, which prohibits the use of a conventional glucose monitor as documented by prescribing physician.
- Injection aids, including devices used to assist with insulin injection and needleless systems. Requires documentation in the medical record of inability to use conventional lancet devices and/or glucose monitors.
- Insulin syringes

Home blood glucose monitors with special features (E2100, E2101) are covered when the basic coverage criteria, as listed above, 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.

Code E2101 is also covered for those with impairment of manual dexterity when the basic coverage criteria is 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.

A needle-free insulin injection system or a jet injector is considered medically necessary when EITHER of the following criteria is met:

- The individual has needle phobia.

- The individual/caregiver is unable to use standard syringes.

Coverage Limitations

More than one spring powered device (A4258) per 6 months is not reasonable and necessary.

The quantity of test strips (A4253) and lancets (A4259) that are covered depends on the usual medical needs of the member and whether or not the member is being treated with insulin, regardless of their diagnostic classification as having Type 1 or Type 2 diabetes mellitus or gestational diabetes. Coverage of testing supplies is based on the following guidelines:

High Utilization for Over Quantity Diabetic supplies limits: Limits for supplies are guided by state and federal guidelines. The quantity of glucose testing supplies that are covered depends on the usual medical needs of the diabetic patient. Prior authorization is available for test strips, lancets, and other diabetic supplies if a member would require over the benefit limits. 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) that the member is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. The provider has confirmed and documented that the member or member's caregiver has sufficient training to utilize the glucose monitoring devices. If the member is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months.

Code	Description of Supplies	Billing Quantity of Limits
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	150 test strips/month for all product lines. Limits Effective 1/1/2020.
A4256	Normal, low and high calibrator solution/chips	1/month
A4258	Spring-powered device for lancet, each	1/month
A4259	Lancets, per box of 100	200 lancets/month for all product lines Limits Effective 1/1/2020.
A4245	Alcohol wipes, per box	Only covered for the Advantage Product through the Pharmacy Benefit/200 per month.

**Glucose test strips = 1 unit of service = 1 box (50-51 strips)

** Lancets = 1 unit of service = 1 box (100 lancets)

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 denied as not reasonable and necessary.

Each of the following is considered a convenience item and not medically necessary:

- home glycated hemoglobin (A1C) monitor
- hypoglycemic wristband alarm (e.g., Sleep Sentry)
- Insulin infuser (e.g., i-port®)
- Laser lancet

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
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
A4248	Chlorhexidine containing antiseptic, 1 ml
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips (e.g. Tru Metrix, One Touch, FreeStyle, Accu-Chek, Contour)
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
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
S5560	Insulin delivery device, reusable pen; 1.5ml size
S5561	Insulin delivery device, reusable pen; 3ml size
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units
S5570	Insulin delivery device, disposable pen (including insulin); 1.5ml size
S5571	Insulin delivery device, disposable pen (including insulin); 3ml size
S8490	Insulin syringes (100 syringes, any size)

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 03/15/2007

03/01/08: No update

07/01/09: Updated verbiage

03/15/10: Updated Advantage coverage

09/01/11: Updated verbiage

09/09/14: Added codes A4257, A9275, E0607, E2100 & E2101 per CMS L27231. Combined PG0150 Diabetic monitors and supplies with policy. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

07/28/16: Added Glucose Testing Supplies are covered per the pharmacy benefit for PPO per SIG Project: Analysis of Commercial Payment Models for Diabetic Testing Supplies.

03/14/17: Limits increased from 100 every 3 months to 300 test strips/lancets per month for non-insulin dependent members. Limits increased from 300 every 3 months to 300 test strips/lancets per month for insulin dependent members. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

11/14/19: Updated documentation to indicate coverage limitations, 150/month for glucose test strips and 200/month for lancets, for all product lines. Limits Effective 1/1/2020. Medical and Pharmacy coverage identified, pharmacy preferred, (Coverage of glucose testing supplies varies by medical and pharmacy benefit. Please check plan documents for details. When testing supplies are obtained through the Pharmacy the Member's formulary will be followed.)

12/15/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.