



EFFECTIVE DATE: 01|01|2017
POLICY LAST UPDATED: 08|07|2018

OVERVIEW

BlueCHiP for Medicare has a limited benefit regarding the brand of home blood glucose monitors BlueCHiP for Medicare members may obtain. The preferred brand is OneTouch. This policy documents the criteria that must be met when a request is received for a brand outside of the limited benefit. Therefore, this policy is applicable to BlueCHiP for Medicare only.

NOTE: For Commercial Products, there is no benefit limitation regarding brands; all brands of home blood glucose monitors are covered.

MEDICAL CRITERIA

BlueCHiP for Medicare

Use of a home blood glucose meter, not from the brand OneTouch, may be considered medically necessary when the following criteria are met:

- Patient diagnosed as visually impaired and not corrected with corrective lenses, or is legally blind, OR
- Patient presents with manual dexterity issues, OR
- Patient uses one of the following Insulin Pumps and requires a compatible glucometer.

Length of Approval: 3 years/36 months

Insulin Pump (Company)	Glucometer	Test Strips
OmniPod (Insulet Corp.)	FreeStyle glucose monitor built in Personal Diabetes Manager	FreeStyle test strips
MiniMed 530G With Enlite (Medtronic Diabetes)	CONTOUR Next Link meter	CONTOUR NEXT test strips
MiniMed 630G (Medtronic Diabetes)	CONTOUR®NEXT LINK 2.4 Meter	CONTOUR Next Test Strips
MiniMed 670G (Medtronic Diabetes)	CONTOUR NEXT LINK 2.4 Meter	CONTOUR Next Test Strips
MiniMed Paradigm Real-Time Revel (Medtronic Diabetes)	Contour Next Link meter	CONTOUR NEXT test strips
Accu-Chek Combo (Roche Insulin Delivery Systems)	Accu-Chek Aviva combo meter remote	Accu-Chek Aviva Plus test strips

PRIOR AUTHORIZATION

BlueCHiP for Medicare

Prior Authorization is required for BlueCHiP for Medicare.

POLICY STATEMENT

BlueCHiP for Medicare

Blood glucose meters and test strips are covered and are limited to OneTouch branded products. The list below identifies the covered OneTouch products:

OneTouch Monitor

OneTouch Verio Flex Meter
OneTouch Verio Meter
OneTouch Verio IQ Meter
OneTouch Ultra 2 Meter
OneTouch Ultra Mini Meter

OneTouch Test Strips

OneTouch Ultra Test Strips - 25, 50 or 100 strip box
OneTouch Verio Test Strips - 25, 50 or 100 strip box

Any blood glucose monitor other than OneTouch branded products (including test strips) is covered when the coverage criteria is met.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable durable medical equipment benefits/coverage.

BACKGROUND

A blood glucose monitor (glucometer) is a portable, battery-operated device used to determine the blood glucose level by exposing a reagent strip to a small blood sample. The patient uses a disposable lancet, draws a drop of blood, places it on a reagent strip, and inserts it into the monitor, which provides the patient with a direct readout of the blood glucose level. Test results may also be stored in memory on the device for download or viewing at a later time. The test strips may be separate items that are inserted into the monitor or self-contained in a cylinder or disk-type mechanism.

Blood glucose monitors with integrated voice synthesizers are devices that measure capillary whole blood for determination of blood glucose levels. Results are displayed on a screen but are also digitized and converted to sound output.

Blood glucose monitors with integrated lancing and/or blood sampling are devices that measure capillary whole blood for determination of blood glucose levels. The lancing device for obtaining the capillary blood sample is integrated into the glucose monitor rather than a separate accessory.

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.

Blue Cross Blue Shield of Rhode Island follows the Centers for Medicare and Medicaid Services (CMS) Medically Unlikely Edits (MUEs) regarding the number of test strips and lancets that are covered. Per CMS, the quantity of test strips and lancets that are covered depends on the usual medical needs of the member and whether or not the member is being treated with insulin. Coverage of testing supplies is based on the following guidelines:

Usual utilization for a member who is *not* currently being treated with insulin injections can be up to 100 test strips and up to 100 lancets every 3 months.

Usual utilization for a member who is currently being treated with insulin injections can be up to 300 test strips and up to 300 lancets every 3 months.

CODING

BlueCHiP for Medicare

The following HCPCS codes require prior authorization when a product other than the list of approved devices (found in the Policy Statement) is requested.

To ensure correct claims processing, claims must be filed with the HCPCS and NDC for the device dispensed.

- A4253 Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
- E0607 Home blood glucose monitor
- E2100 Blood glucose monitor with integrated voice synthesizer
- E2101 Blood glucose monitor with integrated lancing/blood sample

RELATED POLICIES

Glucose Monitoring – Continuous

PUBLISHED

Provider Update, November 2018
Provider Update, November 2017
Provider Update, February 2017

REFERENCES

Not applicable

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

