

Medical Coverage Policy | Glucose Monitoring – Home- Non-One Touch Brand



EFFECTIVE DATE: 07|01|2020

POLICY LAST UPDATED: 06|04|2020

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

Clinical guidelines for approval of non-OneTouch branded products are found on the Blue Cross & Blue Shield of Rhode Island's (BCBSRI) Pharmacy Benefit Management Program's website at covermymeds.com

PRIOR AUTHORIZATION

BlueCHiP for Medicare

Prior authorization is required. Contact BCBSRI Pharmacy Benefit Management Vendor at 1-800-693-6651. Requests can also be sent via Fax to: 855-212-8110 or at covermymeds.com

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 examples of 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 monitors 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.

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

CODING

BlueCHiP for Medicare

For items requested for a non-OneTouch branded product:

The following HCPCS codes are covered when the medical criteria above are met:

Note: 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, June 2020

Provider Update, August 2019

Provider Update, November 2018

Provider Update, November 2017

Provider Update, February 2017

REFERENCES

Not applicable

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