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

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

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 M

**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, August 2019  
Provider Update, November 2018  
Provider Update, November 2017  
Provider Update, February 2017

**REFERENCES**  
Not applicable