

EFFECTIVE DATE: 05|01|2024

POLICY LAST REVIEWED: 01|22|2025

OVERVIEW

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

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

MEDICAL CRITERIA

Medicare Advantage Plans

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

Medicare Advantage Plans

Prior authorization is required. Contact the 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

Medicare Advantage Plans

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 Verio® Reflect Meter

OneTouch Test Strips – See quantity limits in Coding section below

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.

Modifiers

Per Centers for Medicare and Medicaid Services (CMS) guidelines, for blood glucose monitoring equipment and related supplies, the following modifiers must be added to the HCPCS supply code(s) on every claim submitted to ensure claim reimbursement:

- Use modifier KX if the beneficiary is insulin treated; or,
- Use modifier KS if the beneficiary is non-insulin treated.

The KX modifier must not be used for a beneficiary who is not treated with insulin injections.

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.

CODING

Modifiers

Per Centers for Medicare and Medicaid Services (CMS) guidelines, for blood glucose monitoring equipment and related supplies, the following modifiers **MUST BE** added to the HCPCS supply code(s) on every claim submitted to ensure claim reimbursement:

- Use modifier KX if the member is insulin treated; or,
- Use modifier KS if the member is non-insulin treated.

The KX modifier must not be used for a member who is not treated with insulin injections.

Diabetic Testing Supply Limits – Test Strips (A4253) and Lancets (A4259)

<u>Insulin Dependency</u>	<u>Unit Limit</u>	<u>Timeframe</u>
Insulin Dependent	500	3 months
Non-Insulin Dependent	200	3 months

Medicare Advantage Products

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

A4259 Lancets, per box of 100*

A4271 Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per 50 tests (New Code Effective 4/1/2024; Text Revision Effective 10/1/2024)

E0607 Home blood glucose monitor

E2100 Blood glucose monitor with integrated voice synthesizer

E2101 Blood glucose monitor with integrated lancing/blood sample

E2104 Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge (New Code Effective 4/1/2024)

***Note:** There is no benefit limitation regarding brands of lancets.

RELATED POLICIES

Glucose Monitoring – Continuous

PUBLISHED

Provider Update, March 2025

Provider Update, March 2024

Provider Update, April 2023

Provider Update, June 2022

Provider Update, April 2021

REFERENCES

Not applicable

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