

EFFECTIVE DATE: 10|01|2026

POLICY LAST REVIEWED: 06|03|2026

OVERVIEW

*Effective 10/1/2026, please refer to Blue Cross & Blue Shield of Rhode Island (BCBSRI) Medical Policy, Glucose Monitoring Devices and Supplies.

MEDICAL CRITERIA

Effective 10/1/2026, please refer to Blue Cross & Blue Shield of Rhode Island (BCBSRI) Medical Policy, Glucose Monitoring Devices and Supplies.

PRIOR AUTHORIZATION

Effective 10/1/2026, please refer to Blue Cross & Blue Shield of Rhode Island (BCBSRI) Medical Policy, Glucose Monitoring Devices and Supplies.

POLICY STATEMENT

Effective 10/1/2026, please refer to Blue Cross & Blue Shield of Rhode Island (BCBSRI) Medical Policy, Glucose Monitoring Devices and Supplies.

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

Not applicable

CODING

Effective 10/1/2026, please refer to Blue Cross & Blue Shield of Rhode Island (BCBSRI) Medical Policy, Glucose Monitoring Devices and Supplies.

RELATED POLICIES

Glucose Monitoring Devices and Supplies

PUBLISHED

Provider Update, August 2026
Provider Update, March 2025
Provider Update, March 2024
Provider Update, April 2023
Provider Update, June 2022

REFERENCES

Not applicable

DRAFT

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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.

