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

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

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.