



**EFFECTIVE DATE:** 01|01|2017  
**POLICY LAST UPDATED:** 09|05|2017

**OVERVIEW**

The intent of this policy is to document the criteria used to determine medical necessity when home blood glucose meter that is not from the brand OneTouch is requested.

This policy is applicable to BlueCHiP for Medicare only.

**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.

Insulin Pump (Company)	Glucometer	Test Strips
OneTouch Ping (Animas Corp)	OneTouch Ping Full function meter-remote	OneTouch Ultra test strips
OmniPod (Insulet Corp.)	FreeStyle glucose monitor built in Personal Diabetes Manager	FreeStyle test strips
MiniMed 530G With Enlite (Medtronic Diabetes)	CONTOUR Next Link meter	CONTOUR NEXT test strips
MiniMed 630G (Medtronic Diabetes)	CONTOUR®NEXT LINK 2.4 Meter	CONTOUR Next Test Strips
MiniMed 670G (Medtronic Diabetes)	CONTOUR NEXT LINK 2.4 Meter	CONTOUR Next Test Strips
MiniMed Paradigm Real-Time Revel (Medtronic Diabetes)	Contour Next Link meter	CONTOUR NEXT test strips
Accu-Chek Combo (Roche Insulin Delivery Systems)	Accu-Chek Aviva combo meter remote	Accu-Chek Aviva Plus test strips

**PRIOR AUTHORIZATION**

**Commercial Products**

Not applicable

**BlueCHiP for Medicare**

Prior Authorization is required for BlueCHiP for Medicare only.

**POLICY STATEMENT**

**Commercial Products**

Home blood glucose meters are covered.

**BlueCHiP for Medicare**

Blood Glucose Meters and test strips may be considered medically necessary when the item/device is not found on the list below and the medical criteria above are met.

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 Meter

#### **OneTouch Test Strips**

OneTouch Ultra Test Strips - 25, 50 or 100 strip box  
OneTouch Verio Test Strips - 25, 50 or 100 strip box

#### **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.

#### **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.

E0607 Home blood glucose monitor  
E2100 Blood glucose monitor with integrated voice synthesizer  
E2101 Blood glucose monitor with integrated lancing/blood sample

#### **RELATED POLICIES**

Continuous Glucose Monitoring

#### **PUBLISHED**

Provider Update, November 2017  
Provider Update, February 2017

#### **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.

