

What is it?

CPT Codes – A4206 – A4209, A4210, A4211, A4213, A4215, A4233 – A4236, A4244 – A4248, A4250, A4252 – A4256, A4257, A4258 – A4259, A9275, A9276, A9277, A9278, C1788, E0607, E0620, E2100, G0108, G0109, J1610, J1815, S1030 – S1031, S5550 – S5553, S5560, S5561, S5565, S5566, S5570, S5571, S8490

Diabetes causes the body to produce less insulin, or to use it less effectively, which in turn causes blood sugar levels to rise. This in turn damages blood vessels and organs, leading to blindness, kidney disease, limb loss and heart disease. It is the seventh-leading cause of death in the United States.

According to estimates of 2007 data, nearly 24 million people (8% of population) in the United States have diabetes. Most prevalent is Type 2 diabetes linked with obesity, poor diet and a lack of exercise. Almost 25 percent of people with diabetes do not know they have it.

NOTE: Generally diabetic supplies are provided under a pharmacy benefit and not part of medical coverage. Certain diabetic supplies may be covered under the medical plan. For further information contact the benefit administrator.

Criteria

Diabetes Self-Care Programs: (G0108, G0109)

Outpatient self-care educational programs (typically offered in facilities) **are** considered medically necessary for persons with diabetes when they meet **all** of the following criteria:

1. The program is ordered by the physician treating the member's diabetes and includes a statement signed by the physician that the service is needed; **and**,
2. The program consists of services by healthcare professionals (physicians, registered dietitians, registered nurses, registered pharmacists); **and**,
3. The program is designed to educate the member about medically necessary diabetes self-care; **and**
4.
 - a) The patient has been newly diagnosed with diabetes; **or**,
 - b) There is a significant change in the patient's condition that calls for changes in that person's self management; **or**,
 - c) The patient's treating physician has identified a new medication or process for the patient.

Diabetic Supplies:

The following diabetic supplies **are** considered medically necessary:

- Alcohol swabs and solutions (A4244 – A4248)
- Blood glucose test strips (A4252 – A4256)
- Home glucose monitors (A9275 – ReliOn NewTek Disposable Blood Glucose Monitor, E0607)
- Insulin (J1815, S5550, S5551, S5552, S5553, S5565, S5566)

- Insulin pens (S5560, S5561, S5570, S5571)
- Lancets (A4258 - A4259)
- Monitor battery replacements (A4233 – A4236)
- Needles and syringes for administration (A4206 – A4209, A4211, A4213, A4215, S8490)
- Medications for controlling blood sugar (such as J1610 – Glucagon)
- Urine or Reagent test tablets/strips (A4250)

NOTE: The physician prescription for blood glucose monitor supplies must: 1) state a diagnosis of diabetes; 2) whether or not the patient is being treated with insulin injections; 3) the item and supplies needed; 4) the quantity to be dispensed; and, 5) the frequency of use. A prescription stating “as needed” should not be considered valid for diabetic supplies. A prescription is valid for 6 months at which time it must be renewed in order for the patient to continue receiving supplies.

Blood Glucose Meters with Electronic Voice: (E2100)

Blood glucose monitoring systems designed especially for use by those with visual impairments featuring voice synthesizers, automatic timers and specially designed arrangements of supplies and materials **are** considered medically necessary if:

- 1) the patient has a diagnosis of diabetes; **and**,
- 2) the prescribing physician certifies that the patient has a visual impairment severe enough to require use of a special monitoring system (example - best corrected visual acuity less than 20/200).

Alternate Site Blood Glucose Monitors:

Alternate site blood glucose monitors are considered medically necessary if:

- 1) patient has diagnosis of diabetes; **and**,
- 2) physician has recommended an alternate site blood glucose monitor; **and**,
- 3) patient is below 12 years of age; **or**,
- 4) patient has tried conventional meter for at least 1 month and has not been compliant with blood glucose testing due to sensitivity and pain or heavily callused fingertips.

Jet Injectors:

Jet injectors (such as, Vita-Jet II, Advanta Jet, Freedom Jet, Medi-Jector EZ, Biojector 2000) **are** considered medically necessary if the member or caregiver is physically unable to use a conventional needle-syringe or has needle phobia.

- Use of jet injectors for any other reason **is not** considered medically necessary and a matter of preference or convenience item.

Continuous Glucose Monitoring Systems: (A9276, A9277, A9278)

Continuous glucose monitoring systems (CGMS) – (such as MiniMed Continuous Glucose Monitoring System, Guardian Real-Time Continuous Glucose Monitoring System and DexCom STS) for short-term diagnostic use (up to 72 hours), **are** considered **medically necessary** for:

- 1) patients with Type I Diabetes; **and**,

- 2) unresponsive to conventional insulin dose adjustment; **and**,
- 3) have **one** of the following problems in controlling blood glucose levels documented in physician records:
 - a) repeated hypo and hyperglycemia at the same time each day; **or**,
 - b) hypoglycemia unawareness.

- For short-term (up to 72 hours) diagnostic use, no more than 2 monitoring periods are considered medically necessary within a 12 month period.

*CGMS and related supplies for therapeutic use long-term (greater than 3 days or 72 hour period) as an adjunct to fingerstick testing **are** considered **medically necessary** for patients with Type I Diabetes, who have:

- 1) recurrent episodes of severe hypoglycemia (defined as blood sugar levels less than 50 mg/dl) despite appropriate modifications in insulin regimen and compliance with frequent self-monitoring of blood glucose (at least 4 fingersticks per day); **and**,
- 2) required insulin injections 3 or more times a day or the use of an insulin pump;

or,

- 3) documented hypoglycemic unawareness (documentation includes reports of the short-term (up to 72 hours) CGMS and/or the individual patient's log of self-monitored blood sugars in addition to the below completed Hypoglycemia Awareness Questionnaire:
 - a) have you lost the ability to experience symptoms such as sweating, shaking, palpitations, light-headedness, or nervousness when your blood sugar is low? Yes / No
 - b) To what extent can you recognize low blood sugar based on symptoms? Never / Seldom / Sometimes / Often / Always
 - c) Below which level do you feel that your blood sugar is low? 65 / 60 / 55 / 50 / 45
 - d) During the past year, did you have any low blood sugar episode associated with confusion for which you required assistance from another person? No / Once / More than Once
 - e) During the past year, did you have any low blood sugar episode for which you required intervention from paramedics, an emergency department visit or an injection of glucagon by another person? Yes / No

- Long term use of continuous glucose monitoring device and related supplies **is** considered **experimental and investigational** for all other indications. There is lack of long-term studies proving the efficacy of these devices when used for indications other than those listed.*

* revised/effective 7/1/09

■ Experimental and Investigational

The following diabetic devices, supplies or treatments are considered experimental and investigational:

- Biostator® Artificial Pancreas – device functions as artificial pancreas

- GlucoWatch® Biographer (S1030, S1031)– glucose meter worn on the wrist
- Glycated Serum Proteins (GSP) – device measures glycated serum proteins (fructosamine) (such as Duet™ Glucose Control System)
- Home Glycated Hemoglobin Monitors (A1cNow Diabetes Monitor) – home A1C testing
- I-Port Injection Port (C1788) – convenience item
- Lasette™ Laser Blood Glucose Monitoring Device (A4210, A4257, E0620) – device uses a laser instead of a lancet
- Personal Digital Assistant (PDA) Based Glucose Monitor and Modules - (TheraSense FreeStyle Tracker, Accu-Check Advantage Module) – PDA is not considered durable medical equipment as it can be used in the absence of illness or injury.

For Diabetic Insulin Pump Criteria see [sMed Policy 01032](#).

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