Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information.

Category: Durable Medical Equipment

Title: Blood Glucose Monitors (Home)

Procedure Code(s): E0607

Description / Background

A blood glucose monitor is a portable battery-operated device used to determine the blood glucose level by exposing a reagent strip to a small blood sample from the patient. The monitor notes the color changes on the treated reagent strip. The patient uses a disposable lancet to draw a drop of blood, place it on a reagent strip and insert it into the monitor. The patient is then provided with a direct readout of the blood glucose level.

There is also a blood glucose monitoring system designed specifically for use by visually impaired patients. These monitors differ from the standard blood glucose monitor as they have voice synthesizers, timers and specific placement of supplies to enable the patient to use the equipment without assistance.

CPT / HCPCS Level II Codes and Description

E0607	Home blood glucose monitor
E0620	Skin piercing device for collection of capillary blood, laser, each
E2100	Blood glucose monitor with integrated voice synthesizer
E2101	Blood glucose monitor with integrated lancing/blood sample collection
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips

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A4254 Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each

Accessories/Supplies

A4244 Alcohol or peroxide, per pint
A4245 Alcohol wipes, per box
A4246 Betadine or pHisoHex solution, per pint
A4247 Betadine or iodine swabs/wipes, per box
A4250 Urine test or reagent strips or tablets (100 tablets or strips)
A4255 Platforms for home blood glucose monitor, 50 per box
A5256 Normal, low and high calibrator solution/ chips
A4257 Replacement lens shield cartridge for use with laser skin piercing device, each
A4258 Spring-powered device for lancet, each
A4259 Lancets, per box of 100

Diagnoses / Medical Conditions

- Diabetes
- Gestational diabetes

Medical Policy Statement

Use of standard glucometers (and the associated supplies) is accepted as standard therapy for insulin dependent, non-insulin dependent and gestational diabetics. The safety and effectiveness of these monitors have been established. Blood glucose monitors with special features, may be considered a useful option when indicated, on a case by case basis due to medical complications (for example, visual impairment).

Rationale

According to the 2004 American Diabetes Association "Standards of Medical Care in Diabetes"

- Self-monitoring of blood glucose (SMBG) is an integral component of diabetes therapy.
- Major clinical trials assessing the impact of glycemic control on diabetic complications have included SMBG as a component of effective therapy.
- SMBG should be included in the management plan of insulin dependent diabetics.
- The role of SMBG in stable diet-treated patients with type II diabetes is not known.
- The patient should be instructed in SMBG and the physician/staff should routinely evaluate the patient's technique and ability to use data to adjust therapy.

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Medical Policy Position Summary (Non-clinical summary statement for customer use)

A blood glucose monitor is portable, runs by battery and uses a small drop of the patient's blood on a treated disposable strip to indicate the patient's blood glucose/sugar level. The patient pricks his/her finger with a disposable lancet, places a drop of blood on/in the specially treated strip and the glucose meter reads the blood glucose level**.**

There are monitors made especially for the blind as well as ones that have voice synthesizers, timers and other special features for people with other impairments.

Use of standard glucometers (and the associated supplies) is accepted as standard therapy for insulin dependant, non-insulin dependant and gestational diabetics. Blood glucose monitors with special features may be considered a useful option when indicated, on a case by case basis due to medical complications (for example, visual impairment).

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Although formal studies of home blood glucometers in non-insulin dependent diabetics have not been formally evaluated, their use in diabetics not achieving glycemic control is recommended by the 1998 American Diabetes Association clinical practice guideline. The use of home glucometers may be a component of diabetes disease-management programs.

The State of Michigan (SB 260 and SB 261, 3/28/2001) mandate coverage for blood glucose monitors and associated supplies for ***all*** diabetics and:

- A diagnosis of insulin dependent, non-insulin dependent or gestational diabetes is required.
- The physician must determine that the patient is capable of being trained to use the particular device that was prescribed.
- The device must be designed for home rather than clinical use.
- Coverage is not subject to dollar limits, deductibles or copayment provisions that are greater than those for physical illness generally.

Related Policies

- Continuous Monitoring of Glucose in Interstitial Fluid (CGMS)
- Continuous Noninvasive Glucose Monitoring Device (GlucoWatch® G2 Biographer)

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Medicare Information

National Medicare addresses coverage and special features for glucose monitors in the CMS Program Manuals – Coverage Issues (PUB. 6) 60 Durable Medical Equipment section, 60-11 "Home Blood Glucose Monitors." Both Michigan and national Medicare cover certain listed items that the physician may order as a part of a member's diabetic treatment plan. The Region B DMERC Supplier Manual Contractor Name: AdminaStar Federal, Inc., addresses coverage in the LMRP Medical Policy " Glucose Monitors," last revision effective date 04/01/2003.

(The above Medicare information is current as of the review date for this policy. However, since Medicare coverage issues and policies may be updated or revised by Centers for Medicare & Medicare Services [CMS, formerly HCFA] on a frequent basis, the most current information may not be contained in this document. For the most current information, you should contact an official source.)

References

- AdminaStar Federal, Inc., *Region* B *DMERC Supplier Manual*, "Glucose Monitors," Local Medical Review Policy for Glucose Monitors #L11510, CMS National Coverage Policy, CIM 60-11, original effective date 10/1/93, revision effective date 4/1/03**,** <http://bcbsm.mediregs.com> (date accessed 11/2/04)**.**
- "Blood Glucose Monitors and Data Management Systems," Diabetes Forecast Resource Guide 2004, <http://www.diabetes.org/uedocuments/Monitors-tables.pdf> (date accessed 11/18/04)**.**
- Blue Cross Blue Shield Association, *Medical Policy Reference Manual,* "Blood Glucose Monitors (Home)," Policy #1.01.03, Issue 1:2003, original policy date 12/1/95, last review date 1:2003**.**
- *Center for Medicare and Medicaid Services, Coverage Issues Manual*, Manual Section #60-11, <http://www.cms.hhs.gov/manuals/06_cim/ci60.asp#sect_60_11> (date accessed11/1/04)**.**
- *Diabetes Care*, 27:S15-S35,2004, "Standards of Medical Care in Diabetes," the American Diabetes Association, Inc**.**
- U.S. Food and Drug Administration (FDA), Department of Health and Human Services, *Diabetes Information,* "Glucose Meters and Diabetes Management," <http://www.fda.gov/diabetes/glucose.html> (date accessed 11/18/04)**.**
- *State of Michigan Senate Bill No. 261, PA 425, Section 500.3406p of the Insurance Code (for insurers and HMOs),* effective date, 03/28/2001, <http://ww.michiganlegislature.org/mileg.asp?page=print&objName=mcl-500-3406p> (date accessed 11/2/04)**.**

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- *State of Michigan Senate Bill No. 260, PA 424, Section 550.141b in Act 350 of the Nonprofit Healthcare Corporation Reform Act - Excerpt (Blue Cross Blue Shield),* effective 03/28/2001, <http://www.MichiganLegislature.Org> (date accessed 11/02/2004)**.**
- *"State of Michigan, Jennifer M. Granholm, Attorney General, HMO Insurance Opinion #7088*," dated 08/28/2001*,* <http://www.ag.state.mi.us/opinion/datafiles/2000s/op10163.htm> (date accessed 11/18/04)**.**

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 11/18/04, the date the research was completed.

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Joint BCBSM/BCN Medical Policy History

Date	Rationale
7/10/02	Joint policy established
9/19/03	Routine maintenance
4/6/05	Routine maintenance

Next Review: This policy is established and is no longer subject to periodic review.

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 1998	Revised: 02/21/00, 08/09/01
BCBSM: 11/11/98	Revised: 12/15/00

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BLUE CARE NETWORK
POLICY: BLOOD GLUCOSE MONITORS (HOME)

I. Coverage Determination:

Standard glucometers and associated supplies is a covered benefit for insulin dependant, non-insulin dependant and gestational diabetics.

Blood glucose monitors for the visually impaired are covered benefits on a case-by-case basis for patients with poor eyesight from complications of diabetes or other conditions.

I. Benefit Information:

Equipment must be ordered through the designated BCN contracted vendor. Appropriate durable medical equipment copayments will apply.

- BCN 1 – no copayment
- BCN 5, BCN 5 Michigan Catholic Conference, BCN 10, BCN Basic, and FEP – 50% copayment unless there is a rider that reduces the copayment to 20% or zero
- Personal Plus and Non-Group – Normally, there would be no coverage for durable medical equipment. However, due to recent legislation mandating coverage for certain supplies for diabetics, blood glucose monitors and the associated supplies are covered for Personal Plus and Non-Group members, with a 50% copayment.
- Blue Elect Self-Referral Option (SRO) -
  Tier 1 Copayment – 50% of the BCN approved amount for the equipment
  Tier 2 Copayment – 50% of the BCN approved amount for the equipment. The member is also responsible for any amount charged by a non-panel provider that exceeds the BCN approved amount

III. Benefit Exclusions:

No coverage for a diagnosis of hypoglycemia

IV. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.

- Appropriate copayments will apply
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.
- Payment is based on BCN payment rules, individual certificate benefits and certificate riders.
- Duplicate equipment is not covered.

V. Effective Date:

Policy updated: 4/6/05
Joint policy effective date: 7/10/02
Supersedes benefit information of: 1998, 2/21/00, 9/19/03