

# State Health Plan MA

## Continuous blood glucose monitors



**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

### Applies to:

Medicare Plus Blue PPO<sup>SM</sup>  Medicare Plus Blue Group PPO<sup>SM</sup>  Both

## Continuous glucose monitors

Continuous glucose monitors are devices used to track blood glucose levels throughout the day and night.

## Original Medicare

Original Medicare covers certain supplies if a beneficiary has Medicare Part B and has diabetes. These supplies include:

- Blood glucose self-testing equipment and supplies
- Therapeutic shoes and inserts
- Insulin pumps and the insulin used in the pumps

Blood glucose self-testing equipment and supplies:

Blood glucose self-testing equipment and supplies are covered for all people with Medicare Part B who have diabetes. This includes those who use insulin and those who don't use insulin. Equipment and supplies include:

- Blood glucose monitors
- Continuous blood glucose monitors
- Blood glucose test strips
- Lancet devices and lancets
- Glucose control solutions for checking the accuracy of testing equipment and test strips
- Supply allowance for therapeutic continuous glucose monitors, includes all supplies and accessories

Medicare Part B covers the same type of blood glucose testing supplies for people with diabetes whether or not they use insulin. However, the amount of supplies that are covered varies.

## Medicare Plus Blue<sup>SM</sup> Group PPO enhanced benefit for State Health Plan MA

Medicare Plus Blue is a Medicare Advantage plan that provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for continuous blood glucose monitors, including additional brands not covered by Original Medicare, is provided to members under the State of Michigan Medicare Plus Blue Group PPO plan. Because Original Medicare limits coverage for this service, the scope of benefit, reimbursement methodology, maximum payment amounts and the member's cost sharing are determined by the group.

# Blue Cross Blue Shield of Michigan

[bcbsm.com/providers](https://bcbsm.com/providers)

## 7 cbX]hcbg'Zf'dUna Ybh

V@Áa|Á^| , Á] ^&ā•Á æ{ ^} o&| } āā } •Á |Á&| cā [ ^ •Á [[ [ āÁ | ^ &| •^Á [ ] ā | •È

Conditions for payment	
Eligible provider	No restrictions
Payable location	No restrictions
Frequency	No restrictions
CPT/HCPCS codes	A9276, A9277, A9278
Diagnosis restrictions	No restrictions
Age restrictions	None

## Member cost sharing

Services are covered up to 100% of the approved amount.

### Revision history

Policy number: MAPPO

Effective: 01/01/2020

Reviewed: 08/31/2022, 08/25/2021, 11/20/2020