IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Home Blood Glucose Monitors (NCD 40.2)

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Application
This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use.

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Summary

Overview
Diabetes encompasses a spectrum of metabolic disorders. Classical Type 1 DM (previously termed Juvenile Diabetes) is an autoimmune disorder in which there is destruction of the pancreatic islet cells that produce insulin, and sometimes also the islet cells that produce counter-regulatory hormones that mitigate hypoglycemia. Because they lack endogenous insulin, Type 1 diabetic patients require insulin replacement in multiple doses throughout the day to prevent ketoacidosis. These contrasts with Type 2 DM (previously termed Adult-Onset Diabetes), in which insulin is still produced, but is secreted in insufficient quantities to meet insulin requirements because of impaired insulin action (resistance). These patients do not require daily insulin to avoid ketoacidosis, but may benefit from insulin supplementation to correct nocturnal hyperglycemia or post-prandial (after eating) hyperglycemia. Patients with mixed disorders may require therapeutic intervention with modalities and regimens from both Type 1 and Type 2 diabetes.

Blood glucose monitors are meter devices that read color changes produced on specially treated reagent strips by glucose concentrations in the patient’s blood. The patient, using a disposable sterile lancet, draws a drop of blood, places it on a reagent strip and, following instructions which may vary with the device used, inserts it into the device to obtain a reading. Lancets, reagent strips, and other supplies necessary for the proper functioning of the device are also covered for patients for whom the device is indicated. Home blood glucose monitors enable certain patients to better control their blood glucose levels by frequently checking and appropriately contacting their attending physician for advice and treatment. Studies indicate that the patient’s ability to carefully follow proper procedures is critical to obtaining satisfactory results with these devices. In addition, the cost of the devices, with their supplies, limits economical use to patients who must make frequent checks of their blood glucose levels.

There are several different types of blood glucose monitors that use reflectance meters to determine blood glucose levels. Medicare coverage of these devices varies, with respect to both the type of device and the medical condition of the patient for whom the device is prescribed.

Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are not covered as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use. However, some types of blood glucose monitors which use a reflectance
Home Blood Glucose Monitors (NCD 40.2)

meter specifically designed for home use by diabetic patients may be covered as durable medical equipment, subject to the conditions and limitations described below.

Coverage Information
For Medicare to cover a blood glucose monitor and associated accessories, the provider must provide the beneficiary with a prescription that includes the following information:

- A diagnosis of diabetes,
- The number of test strips and lancets required for one month’s supply,
- The type of meter required (i.e., if a special meter for vision problems is required, the physician should state the medical reason for the required meter),
- A statement that the beneficiary requires insulin or does not require insulin, and
- How often the beneficiary should test the level of blood sugar.

Medicare provides coverage of diabetes-related Durable Medical Equipment (DME) and supplies as a Medicare Part B benefit. Both the coinsurance or copayment and the Medicare Part B deductible apply. If the provider or supplier does not accept assignment, the amount the beneficiary pays may be higher, and the beneficiary may be required to pay the full amount at the time of service. In this case, Medicare will provide payment of the Medicare-approved amount to the beneficiary.

Visual Impairment Considerations
There is also a blood glucose monitoring system designed especially for use by those with visual impairments. The monitors used in such systems are identical in terms of reliability and sensitivity to the standard blood glucose monitors described. They differ by having such features as voice synthesizers, automatic timers, and specially designed arrangements of supplies and materials to enable the visually impaired to use the equipment without assistance.

These special blood glucose monitoring systems are covered under Medicare if the following conditions are met:

1. The patient and device meet the three conditions listed above for coverage of standard home blood glucose monitors; and
2. The patient’s physician certifies that he or she has a visual impairment severe enough to require use of this special monitoring system.

NOTE: The additional features and equipment of these special systems justify a higher reimbursement amount than allowed for standard blood glucose monitors. Separately identify claims for such devices and establish a separate reimbursement amount for them.

Blood glucose monitors with integrated voice synthesizers (E2100) are devices that measure capillary whole blood for determination of blood glucose levels. Results are displayed on a screen but are also digitized and converted to sound output. Test results may also be stored in memory on the device for download or viewing at a later time. The test strips may be separate items that are inserted into the monitor or self-contained in a cylinder or disk-type mechanism.

The medical necessity for E2100 or E2101 in a beneficiary with impaired visual acuity must be documented by a narrative statement from the physician that must include the beneficiary’s specific numerical visual acuity (e.g., 20/400) and that this result represents "best corrected" vision. This information does not have to be sent in with the claim but must be substantiated in the beneficiary’s medical record and available upon request.

Similarly, claims for E2101 for beneficiaries with impaired manual dexterity must be documented by a narrative statement from the physician that includes an explanation of the beneficiary’s medical condition necessitating the monitor with special features. This information does not have to be sent in with the claim, but must be available request.

If an E2100 glucose monitor is provided and the below basic coverage criteria (1)-(2) plus the additional criteria stated above are not met, it will be denied as not reasonable and necessary.
Reimbursement Policy

Home Blood Glucose Monitors (NCD 40.2)

Reimbursement Guidelines of Home Blood Glucose Monitors and Related Accessories/Supplies

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed, the criteria for "reasonable and necessary" is based on the Social Security Act §1862(a)(1)(A) provisions, are defined by the following indications and limitations of coverage and/or medical necessity. A detailed written order (DWO) must also be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed DWO, the item will be denied as not reasonable and necessary.

For coverage of home blood glucose monitors and related accessories and supplies, the patient must meet both of the following Basic Coverage Criteria (1)-(2):

1. The patient has diabetes which is being treated by a physician; and
2. The beneficiary’s physician has concluded that the beneficiary (or the beneficiary’s caregiver) has sufficient training using the particular device prescribed as evidenced by providing a prescription for the appropriate supplies and frequency of blood glucose testing.

NOTE: For all glucose monitors and related accessories and supplies, if the basic coverage criteria (1)-(2) are not met, the items will be denied as not reasonable and necessary.

Home blood glucose monitors with special features (E2100, E2101) are covered when the basic coverage criteria (1)-(2) are met and the treating physician certifies that the beneficiary has a severe visual impairment (i.e., best corrected visual acuity of 20/200 or worse in both eyes) requiring use of this special monitoring system.

Code E2101 is also covered for those with impairment of manual dexterity when the basic coverage criteria (1)-(2) are met and the treating physician certifies that the beneficiary has an impairment of manual dexterity severe enough to require the use of this special monitoring system. Coverage of E2101 for beneficiaries with manual dexterity impairments is not dependent upon a visual impairment.

If an E2100 or E2101 glucose monitor is provided and basic coverage criteria (1)-(2) plus the additional criteria stated above are not met, it will be denied as not reasonable and necessary.

Lancets (A4259), blood glucose test reagent strips (A4253), glucose control solutions (A4256) and spring powered devices for lancets (A4258) are covered for beneficiaries for whom the glucose monitor is covered. More than one spring powered device (A4258) per 6 months is not reasonable and necessary.

The medical necessity for a laser skin piercing device (E0620) and related lens shield cartridge (A4257) has not been established; therefore, claims for E0620 and/or A4257 will be denied as not reasonable and necessary.

The quantity of test strips (A4253) and lancets (A4259) that are covered depends on the usual medical needs of the beneficiary and whether or not the beneficiary is being treated with insulin, regardless of their diagnostic classification as having Type 1 or Type 2 diabetes mellitus. Coverage of testing supplies is based on the following guidelines:

NOTE:
- If the beneficiary is not being treated with insulin injections, the KS modifier must be added to the code for the monitor and each related supply on every claim submitted.
- If the beneficiary is being treated with insulin injections, the KX modifier must be added to the code for the monitor and each related supply on every claim submitted. The KX modifier must not be used for a beneficiary who is not treated with insulin injections.

Usual Utilization

Non-Insulin Dependent
For a beneficiary who is not currently being treated with insulin injections, up to 100 test strips and up to 100 lancets every 3 months are covered if the basic coverage criteria (1)-(2) (above) are met.

Insulin-Dependent
For a beneficiary who is currently being treated with insulin injections, up to 300 test strips and up to 300 lancets every 3 months are covered if basic coverage criteria (1)-(2) (above) are met.

High Utilization

Non-Insulin Dependent
For a beneficiary who is not currently being treated with insulin injections, more than 100 test strips and more than 100 lancets every 3 months are covered if criteria (a)-(c) below are met.
**Insulin-Dependent**

For a beneficiary who is currently being treated with insulin injections, more than **300 test strips** and more than **300 lancets** every 3 months are covered if criteria **(a)-(c)** below are met.

a) Basic coverage criteria **(1)-(2)** listed above for all home glucose monitors and related accessories and supplies are met; and,

b) The treating physician has seen the beneficiary, evaluated their diabetes control within 6 months prior to ordering quantities of strips and lancets that exceed the utilization guidelines and has documented in the beneficiary's medical record the specific reason for the additional materials for that particular beneficiary; and,

c) If refills of quantities of supplies that exceed the utilization guidelines are dispensed, there must be documentation in the physician's records (e.g., a specific narrative statement that adequately documents the frequency at which the beneficiary is actually testing or a copy of the beneficiary's log) that the beneficiary is actually testing at a frequency that corroborates the quantity of supplies that have been dispensed. If the beneficiary is regularly using quantities of supplies that exceed the utilization guidelines, new documentation must be present at least every six months.

If neither basic coverage criterion **(1) or (2)** is met, all testing supplies will be denied as not reasonable and necessary. If quantities of test strips or lancets that exceed the utilization guidelines are provided and criteria **(a)-(c)** are not met, the amount in excess will be denied as not reasonable and necessary.

**NOTE:** Medicare allows additional test strips and lancets if they are deemed medically necessary. However, Medicare will not pay for any supplies that are not requested or were sent automatically from suppliers. This includes lancets, test strips, and blood glucose monitors.

Additional documentation in the medical record must demonstrate that the basic coverage criteria **(1)-(2)** described in the Coverage Indications, Limitations and/or Medical Necessity section of this LCD have been met and that the additional criteria **(a)-(c)** for high utilization have been met, including the evaluation of the beneficiary’s glucose control necessitating quantities of test strips and lancets that exceed the usual utilization guidelines (criterion **b**). This information does not have to be submitted with the claim but must be available upon request.

For high utilization beneficiaries, there must be documentation by the treating physician at least every six (6) months that the beneficiary is testing at the higher frequency and that continuation of testing at the higher frequency is reasonable and necessary. Supplier-generated records do not meet this requirement.

**Coding Guidelines for Blood Glucose Monitors and Accessories**

Home blood glucose monitors (E0607) are devices that measure capillary whole blood for determination of blood glucose levels. Results are displayed on a screen and may be stored in memory on the device for download or viewing at a later time. The test strips may be separate items that are inserted into the monitor or self-contained in a cylinder or disk-type mechanism.

Blood glucose monitors with integrated lancing and/or blood sampling (E2101) are devices that measure capillary whole blood for determination of blood glucose levels. The lancing device for obtaining the capillary blood sample is integrated into the glucose monitor rather than a separate accessory. Test results may also be stored in memory on the device for download or viewing at a later time. The test strips may be separate items that are inserted into the monitor or self-contained in a cylinder or disk-type mechanism.

Code A4256 describes control solutions containing high, normal, and low concentrations of glucose that can be applied to test strips to check the integrity of the test strips. This code does not describe the strip or chip which is included in a vial of test strips and which calibrates the glucose monitor to that particular vial of test strips.

A laser skin lancing device (E0620) uses laser technology to pierce the skin in order to obtain capillary blood for use in home blood glucose monitors.

For glucose test strips (A4253), 1 unit of service = 50 strips. For lancets (A4259), 1 unit of service = 100 lancets.

Blood glucose test or reagent strips that use a visual reading and are not used in a glucose monitor must be coded A9270 (noncovered item or service). Do not use code A4253 for these items.

**With the exception of batteries (see below), suppliers may bill test strips, lancing devices, lancets and other glucose monitor supplies with the initial issue of a glucose monitor.**
Home Blood Glucose Monitors (NCD 40.2)

In the following table, a Column II code is included in the allowance for the corresponding Column I code when provided at the same time.

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0607</td>
<td>A4233, A4234, A4235, A4236</td>
</tr>
<tr>
<td>E2100</td>
<td>A4233, A4234, A4235, A4236</td>
</tr>
<tr>
<td>E2101</td>
<td>A4233, A4234, A4235, A4236</td>
</tr>
</tbody>
</table>

Non-Medical Necessity Coverage and Payment Rules

Alcohol or peroxide (A4244, A4245), betadine or phisoHex (A4246, A4247) are noncovered since these items are not required for the proper functioning of the device.

Urine test reagent strips or tablets (A4250) are noncovered since they are not used with a glucose monitor.

Reflectance colorimeter devices used for measuring blood glucose levels in clinical settings are not covered as durable medical equipment for use in the home because their need for frequent professional re-calibration makes them unsuitable for home use.

Glucose monitors that are not designed for use in the home must be coded A9270 and will be denied as statutorily noncovered (no benefit category).

Home blood glucose disposable monitor, including test strips (A9275) is noncovered because these monitors do not meet the definition of DME.

Continuous glucose monitors (A9276-A9278) are considered precautionary and therefore non-covered under the DME benefit.

Documentation Requirements

The order for home blood glucose monitors and/or diabetic testing supplies must include all of the following elements:

1. All item(s) to be dispensed;
2. For test strips, the specific frequency of testing;
3. The treating physician’s signature;
4. The date of the treating physician's signature;
5. A start date of the order - only required if the start date is different than the signature date.

**NOTE:** An order that only states "as needed" will result in those items being denied as not reasonable and necessary.

The ICD-9 diagnosis code describing the condition that necessitates glucose testing must be included on each claim for the monitor, accessories and supplies.

Documentation of the training requirement specified in basic **coverage criterion 2** is deemed to have been met by evidence of the treating physician providing the beneficiary with a prescription for the appropriate monitor, testing supplies and frequency of blood glucose testing.

Additional documentation requirements apply to:

- A beneficiary who is not insulin-treated (**KS modifier** present) and whose prescribed frequency of testing is more often than once per day; or,
- A beneficiary who is insulin-treated (**KX modifier** present) and whose prescribed frequency of testing is more often than three times per day.

Refills

For Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) provided on a recurring basis, billing must be based on prospective, not retrospective use. A routine refill prescription is not needed.

A new prescription is needed when:

- There is a change of supplier
- There is a change in treating physician
- There is a change in the item(s), frequency of use, or amount prescribed
- There is a change in the length of need or a previously established length of need expires
- State law requires a renewal

For items that the patient obtains in person at a retail store, the signed delivery slip or copy of itemized sales...
Home Blood Glucose Monitors (NCD 40.2)

receipt is sufficient documentation of a request for refill. For items that are delivered to the member, documentation of a request for refill must be either a written document received from the member or a contemporaneous written record of a phone conversation/contact between the supplier and member. The refill request must occur and be documented before shipment. A retrospective attestation statement by the supplier or member is not sufficient. The refill record must include:

- Member’s name or authorized representative if different than the member
- A description of each item that is being requested
- Date of refill request
- Quantity of each item that the member still has remaining

The ICD-9 diagnosis code describing the condition that necessitates glucose testing must be included on each claim for the monitor, accessories and supplies.

For Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) provided on a recurring basis, billing must be based on prospective, not retrospective use. For DMEPOS products (A4233-A4236, A4253, A4256, A4258 and A4259) that are supplied as refills to the original order, suppliers must contact the beneficiary prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the beneficiary. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes or modifications to the order. Contact with the beneficiary or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date. For delivery of refills, the supplier must deliver the DMEPOS product no sooner than 10 calendar days prior to the end of usage for the current product. This is regardless of which delivery method is utilized. (CMS Program Integrity Manual, Internet-Only Manual, CMS Pub. 100-8, Chapter 5, Section 5.2.6).

For all DMEPOS items that are provided on a recurring basis, suppliers are required to have contact with the beneficiary or caregiver/designee prior to dispensing a new supply of items. Suppliers must not deliver refills without a refill request from a beneficiary. Items delivered without a valid, documented refill request will be denied as not reasonable and necessary.

Suppliers must not dispense a quantity of supplies exceeding a beneficiary’s expected utilization. Suppliers must stay attuned to changed or atypical utilization patterns on the part of their clients. Suppliers must verify with the ordering physicians that any changed or atypical utilization is warranted. Regardless of utilization, a supplier must not dispense more than a three (3)-month quantity at a time.

### CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0607</td>
<td>Home blood glucose monitor</td>
</tr>
<tr>
<td>E0620</td>
<td>Skin piercing device for collection of capillary blood, laser, each</td>
</tr>
<tr>
<td>E2100</td>
<td>Blood glucose monitor with integrated voice synthesizer</td>
</tr>
<tr>
<td>E2101</td>
<td>Blood glucose monitor with integrated lancing/blood sample</td>
</tr>
<tr>
<td>A9275</td>
<td>Home glucose disposable monitor, includes test strips</td>
</tr>
<tr>
<td></td>
<td><em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A9276</td>
<td>Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial</td>
</tr>
<tr>
<td></td>
<td>glucose monitoring system, 1 unit = 1 day supply</td>
</tr>
<tr>
<td></td>
<td><em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A9277</td>
<td>Transmitter; external, for use with interstitial continuous glucose</td>
</tr>
<tr>
<td></td>
<td>monitoring system</td>
</tr>
<tr>
<td></td>
<td><em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A9278</td>
<td>Receiver (monitor); external, for use with interstitial continuous glucose</td>
</tr>
<tr>
<td></td>
<td>monitoring system</td>
</tr>
<tr>
<td></td>
<td><em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A4244</td>
<td>Alcohol or peroxide, per pint</td>
</tr>
<tr>
<td>A4245</td>
<td>Alcohol wipes, per box</td>
</tr>
</tbody>
</table>
### Home Blood Glucose Monitors (NCD 40.2)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4246</td>
<td>Betadine or pHisoHex solution, per pint</td>
</tr>
<tr>
<td>A4247</td>
<td>Betadine or iodine swabs/wipes, per box</td>
</tr>
<tr>
<td>A4250</td>
<td>Urine test or reagent strips or tablets (100 tablets or strips) <em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A4252</td>
<td>Blood ketone test or reagent strip, each         <em>(Status Indicator of “N” on MPFS)</em></td>
</tr>
<tr>
<td>A4253</td>
<td>Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips</td>
</tr>
<tr>
<td>A4255</td>
<td>Platforms for home blood glucose monitor, 50 per box</td>
</tr>
<tr>
<td>A4256</td>
<td>Normal, low, and high calibrator solution/chips</td>
</tr>
<tr>
<td>A4257</td>
<td>Replacement lens shield cartridge for use with laser skin piercing device, each</td>
</tr>
<tr>
<td>A4258</td>
<td>Spring-powered device for lancet, each</td>
</tr>
<tr>
<td>A4259</td>
<td>Lancets, per box of 100</td>
</tr>
</tbody>
</table>

**The following codes are set to be denied as global to the glucose monitor code(s) itself:** *(See above table in Coding Guidelines section)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4233</td>
<td>Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each</td>
</tr>
<tr>
<td>A4234</td>
<td>Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each</td>
</tr>
<tr>
<td>A4235</td>
<td>Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each</td>
</tr>
<tr>
<td>A4236</td>
<td>Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each</td>
</tr>
</tbody>
</table>

### Modifiers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>EY</td>
<td>No physician or other licensed health care provider order for this item or service</td>
</tr>
<tr>
<td>KS</td>
<td>Glucose monitor supply for diabetic beneficiary not treated with insulin</td>
</tr>
<tr>
<td>KX</td>
<td>Requirements specified in the medical policy have been met</td>
</tr>
</tbody>
</table>

### Questions and Answers

<table>
<thead>
<tr>
<th>Q:</th>
<th>I am over 65 years old and am eligible for Medicare. What diabetes benefits are available to me?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>In order to receive coverage for blood glucose test strips and related supplies, a prescription must be written by a physician. This prescription must meet the following guidelines: be renewed every six months, clearly document the number of strips and lancets to dispense, document whether or not the patient uses insulin to manage diabetes, and the frequency with which the patient should monitor their blood glucose level or use the supplies must be clearly identified. NOTE: This point is extremely important as Medicare will not accept prescriptions that state monitoring should occur or supplies should be used &quot;as needed.&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q:</th>
<th>To be eligible for coverage of home blood glucose monitors and related accessories and supplies, what are the basic criteria a patient must meet?</th>
</tr>
</thead>
</table>
| A: | To be eligible for coverage of home blood glucose monitors and related accessories and supplies, the patient must meet all of the following basic criteria:  
- The patient has diabetes (ICD-9 codes 249.00-250.93; for ICD.10 codes see section ICD-9/ICD-10 Codes) which is being treated by a physician; and  
- The glucose monitor and related accessories and supplies have been ordered by the physician who is treating the patient's diabetes and the treating physician maintains records reflecting the care provided including, but not limited to, evidence that the |
### Home Blood Glucose Monitors (NCD 40.2)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>prescribed frequency of testing is reasonable and necessary; and</td>
</tr>
<tr>
<td></td>
<td>• The patient (or the patient's caregiver) has successfully completed training or is</td>
</tr>
<tr>
<td></td>
<td>scheduled to begin training in the use of the monitor, test strips, and lancing devices; and</td>
</tr>
<tr>
<td></td>
<td>• The patient (or the patient's caregiver) is capable of using the test results to assure the</td>
</tr>
<tr>
<td></td>
<td>patient's appropriate glycemic control; and</td>
</tr>
<tr>
<td></td>
<td>• The device is designed for home use.</td>
</tr>
</tbody>
</table>

### Q: How can providers bill for supplies that are not included with the starter kits at the time of initial monitor issue?

### A:

A supplier may bill for testing accessories such as test strips and other supplies that they themselves package together with the monitor and ship to the beneficiary. However, items that are received by the supplier free of charge (such as those items included in “starter kits”) must not be billed to Medicare or charged to the beneficiary.

Suppliers may bill for medically necessary supplies and accessories provided at the time of initial issue as long as they incurred a cost in purchasing them. For example: A beneficiary purchases a new blood glucose monitor that includes a small number of test strips and lancing devices. However, there are only enough strips and lancets to perform about a week of testing so the beneficiary also purchases a box of 50 test strips, 100 lancets and two vials of control solution. In this example, the supplier may bill Medicare for the monitor, the box of 50 test strips, 100 lancets and the two vials of control solution. The supplier must not bill for the small number of test strips and lancing devices that were obtained free of charge from the manufacturer in exchange for buying the manufacturer’s monitor.

### References Included (but not limited to):

- **CMS NCD**
  - NCD 40.2 Home Blood Glucose Monitors
- **CMS LCD(s)**
  - Numerous LCDs
- **CMS Article(s)**
  - Numerous Articles
- **CMS Benefit Policy Manual**
  - Chapter 15 Covered Medical and Other Health Services
- **CMS Claims Processing Manual**
  - Chapter 4; § 4.26.1 Proof of Delivery and Delivery Methods
  - Chapter 5 Items and Services Having Special DME Review Considerations
- **CMS Transmittals**
- **UnitedHealthcare Medicare Advantage Coverage Summaries**
  - Diabetes Management, Equipment and Supplies
  - Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid
  - Skilled Nursing Facility (SNF) Care and Exhaustion of SNF Benefits
- **UnitedHealthcare Medical Policies**
  - Continuous Glucose Monitoring and Insulin Delivery for Managing Diabetes
- **MLN Matters**
  - Article MM8204, April Quarterly Update for 2013 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
  - Article SE1008, Medicare Coverage of Blood Glucose Monitors and Testing Supplies
  - Article SE0738, An Overview of Medicare Covered Diabetes Supplies and Services
# Home Blood Glucose Monitors (NCD 40.2)

## Others
- CMS Department of Health & Human Services, Review of Medicare Claims for Home Blood Glucose Test Strips and Lancets, From the Office of the Inspector General, HHS Website
- Diabetes-Related Services Fact Sheet, Department of Health and Human Services, CMS Website
- Glucose Testing Supplies, Complying with Documentation & Coverage Requirements, CMS Website
- Medicare’s Coverage of Diabetes Supplies & Services, CMS Website
- Guide to Medicare Preventive Services, Page 110: Blood Glucose Monitors and Associated Accessories, Department of Health and Human Services, CMS Website
- Noridian Healthcare Solutions Keys to Successful Claims Filing, Noridan Website
- Program Memorandum Carriers, Transmittal B-03-004, Change Request 2363, Dated 01/24/2003 (CWF Change for Billing for Glucose Test Strips and Supplies, - Follow-up to CR 2156)

## History

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>09/15/2014</td>
<td>Removed all GA/GY modifier language from document</td>
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<tr>
<td>03/12/2014</td>
<td>Re-review presented to MRPC</td>
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<tr>
<td>09/23/2013</td>
<td>Merged from Strips and Lancets RP during 03/12/2014 MRPC S&amp;L RP will be merged to NCD 40.2</td>
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<tr>
<td>05/09/2013</td>
<td>Reviewed policy for Resource additions or deletions; No Changes</td>
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<tr>
<td>03/13/2013</td>
<td>Annual review for MRP Committee presentation and approval</td>
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<tr>
<td>04/11/2012</td>
<td>Administrative updates</td>
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