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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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
Summary

Overview
An Insulin Syringe is a medical supply directly associated with delivering insulin to the body. A syringe is a simple pump consisting of a plunger in a tube that is used as a drug delivery device.

Reimbursement Guidelines
Medical supplies are covered under §1861(s) (2) (A) of the Act only when they are furnished incident to a physician's professional services.

To be covered under this provision an insulin syringe must have been used by the physician or under his/her direct personal supervision and the insulin injection must have been given in an emergency situation (e.g., diabetic coma).

**Insulin syringes and needles are not a covered benefit, unless member has coverage under the UnitedHealthcare Medicare Part D Prescription Drug Plan.** If the beneficiary injects their insulin with a needle (syringe), Medicare Part B does not cover the cost of the insulin, but the Medicare prescription drug benefit (Part D) covers the insulin and the supplies necessary to inject it. This includes syringes, needles, alcohol swabs and gauze.

The use of an insulin syringe by a diabetic would **not** meet the requirements of §1861(s) (2) (A) of the Act.

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<td>S8490</td>
<td>Insulin syringes (100 syringes, any size) (Status Indicator of “I” on Medicare Physician Fee Schedule)</td>
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References Included (but not limited to):

**CMS NCD**
NCD 40.4 Insulin Syringe

**CMS Benefit Policy Manual**
Chapter 15; § 50 Drugs and Biologicals

**Medicare Prescription Drug Benefit Manual**
Chapter 6; § 10.5 Medical Supplies Associated with the Delivery of Insulin

**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
## Insulin Syringe (NCD 40.4)

**MLN Matters**
Article SE0738, An Overview of Medicare Covered Diabetes Supplies and Services

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