

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0115
EFFECTIVE DATE October 1, 2014	SUBJECT: Diabetic Services & Supplies

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Diabetes is a disease which is an inability of the body to process blood sugar.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

A. BCNEPA will provide coverage for diabetic equipment, supplies and outpatient diabetes self-management programs in accordance with Pennsylvania Act 98 of 1998 – The Diabetic Supply and Education Mandate.

1. These services and supplies must be prescribed by a health care professional legally authorized to prescribe such items.

2. Therefore, requests for these services and supplies must include a physician prescription including necessary information such as a diagnosis of diabetes for the services or supply being requested.
- B. BCNEPA members will be eligible for coverage for participation in a diabetes self-management training and education program certified by the American Diabetes Association and/or Pennsylvania Department of Health. Coverage for diabetes (self-management) and education services prescribed by a licensed physician will include:
1. Visits medically necessary upon the diagnosis of diabetes;
 2. Visits under circumstances whereby a physician identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
 3. When a new medication or therapeutic process relating to the patient's treatment and/or management of diabetes has been identified as medically necessary by a licensed physician.
- C. Diabetic shoes will be limited to one (1) pair per calendar year and custom molded density inserts up to a maximum of three (3) pairs per calendar year. Any additional diabetic shoe requests will require the Member's physician to submit documentation of medical necessity.
- D. A modification of a custom-molded or depth shoe will be covered as a substitute for an insert.
- E. BCNEPA will not provide coverage for the following:
1. Alcohol;
 2. Peroxide; and
 3. Alcohol wipe.
- F. BCNEPA will not provide coverage for educational classes, nutritional counseling programs and support groups not associated with enrollment in formal Disease Management Programs, **except as required for diabetes education services.**

IV. DEFINITIONS:

Diabetes Mellitus: A chronic disorder of carbohydrate metabolism characterized by excessive sugar in the blood and urine and associated with a disturbance of the normal insulin mechanism.

Insulin Infusion Pump: An infusion pump, approved by the Federal Food and Drug Administration, that provides for the computerized delivery of insulin for individuals with diabetes in lieu of multiple daily manual insulin injections.

Diabetes Outpatient Program: A diabetes outpatient self-management and training service is a program which educates subscribers in the successful self-management of diabetes. An outpatient diabetes self-management and training program includes education about self-monitoring of blood glucose, diet and exercise, an insulin treatment plan developed specifically for the patient, and motivates patients to use the skills for self-management. Education programs should identify themselves as programs for non-insulin patients, insulin-dependent patients or both.

Therapeutic Shoes: Depth or custom-molded along with inserts for individuals with diabetes. The pair of diabetic shoes must be fitted and furnished by a podiatrist, pedorthist, orthotist, or prosthetist.

Insulin (Diabetic) Pens: Used to inject insulin, Pen-like devices are portable and often easier for patients to use than needles and syringes. They are either self-contained, disposable, or refillable using insulin cartridges. Both use disposable needles.

Insulin Cartridges: Contain insulin; designed to be used with insulin pens.

Jet Sprayer: Needle-free device designed to inject insulin subcutaneously.

Blood Glucose Monitor: A portable, battery-operated meter used to determine blood glucose level by exposing a reagent strip to a small blood sample "reading" the strips' reaction to glucose concentration, and providing the patient with a direct readout of the blood glucose level.

Blood Glucose Monitoring System: Includes the blood glucose monitoring device, the lancets, and the reagent strips.

Visually Impaired Blood Glucose Monitor: Includes all of the above plus voice synthesizers, automatic timers, and specially designed arrangements of supplies and materials to enable the visually – impaired to use the equipment without assistance. The patient's visual impairment is severe enough (20/200) to require this monitor.

CODING:

CPT only copyright 2013 American Medical Association. All rights reserved.

The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

The responsibility for the content of **Blue Cross of Northeastern Pennsylvania's Medical Policy** is with BCNEPA and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributed or related to any use, nonuse or interpretation of information contained in **Blue Cross of Northeastern Pennsylvania's Medical Policy**. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of **Blue Cross of Northeastern Pennsylvania** should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association

- **The identification of a code in this section does not denote coverage or separate reimbursement.**
 - Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
 - The following list of codes may not be all-inclusive, and are subject to change at any time.
 - Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.
-

PROCEDURE CODES

95250	A4234	A5507	E0784	K0605
95251	A4235	A5508	E1399	K0901
97802	A4236	A5510	E2100	K0902
97803	A4254	A5512	E2101	L0100
97804	A4450	A5513	G0108	L0110
A4210	A4452	A6257	G0109	L0112
A4212	A4632	A9274	G0117	L0120
A4222	A5500	A9275	G0118	L0130
A4223	A5501	A9277	K0552	L0140
A4230	A5503	A9278	K0601	L0150
A4231	A5504	A9283	K0602	L0160
A4232	A5505	E0607	K0603	L0170
A4233	A5506	E0620	K0604	L0172

L0174	L0632	L1060	L1755	L2010
L0180	L0633	L1070	L1810	L2020
L0190	L0634	L1080	L1812	L2030
L0200	L0635	L1085	L1820	L2034
L0220	L0636	L1090	L1830	L2035
L0450	L0637	L1100	L1831	L2036
L0452	L0638	L1110	L1832	L2037
L0454	L0639	L1120	L1833	L2038
L0455	L0640	L1200	L1834	L2040
L0456	L0641	L1210	L1836	L2050
L0457	L0642	L1220	L1840	L2060
L0458	L0643	L1230	L1843	L2070
L0460	L0648	L1240	L1844	L2080
L0462	L0649	L1250	L1845	L2090
L0464	L0650	L1260	L1846	L2106
L0466	L0651	L1270	L1847	L2108
L0467	L0700	L1280	L1848	L2112
L0468	L0710	L1290	L1850	L2114
L0469	L0810	L1300	L1855	L2116
L0470	L0820	L1310	L1860	L2124
L0472	L0830	L1499	L1900	L2126
L0480	L0859	L1500	L1902	L2128
L0482	L0861	L1510	L1904	L2132
L0484	L0970	L1520	L1906	L2134
L0486	L0972	L1600	L1907	L2136
L0488	L0974	L1610	L1910	L2180
L0490	L0976	L1620	L1920	L2182
L0491	L0978	L1630	L1930	L2184
L0492	L0980	L1640	L1932	L2186
L0621	L0982	L1650	L1940	L2188
L0622	L0984	L1652	L1945	L2190
L0623	L0999	L1660	L1950	L2192
L0624	L1000	L1680	L1951	L2200
L0625	L1005	L1685	L1960	L2210
L0626	L1010	L1686	L1970	L2220
L0627	L1020	L1690	L1971	L2230
L0628	L1025	L1700	L1980	L2232
L0629	L1030	L1710	L1990	L2240
L0630	L1040	L1720	L2000	L2250
L0631	L1050	L1730	L2005	L2260

L2265	L2630	L3201	L3380	L3710
L2270	L2640	L3202	L3390	L3720
L2275	L2650	L3203	L3400	L3730
L2280	L2660	L3204	L3410	L3740
L2300	L2670	L3206	L3420	L3760
L2310	L2680	L3207	L3430	L3762
L2320	L2750	L3208	L3440	L3763
L2330	L2755	L3209	L3450	L3764
L2335	L2760	L3211	L3455	L3765
L2340	L2768	L3212	L3460	L3766
L2350	L2780	L3213	L3465	L3807
L2360	L2785	L3214	L3470	L3809
L2370	L2795	L3215	L3480	L3900
L2375	L2800	L3216	L3485	L3901
L2380	L2810	L3217	L3500	L3902
L2385	L2820	L3219	L3510	L3904
L2387	L2830	L3221	L3520	L3905
L2395	L2840	L3222	L3530	L3906
L2397	L2850	L3224	L3540	L3908
L2405	L2860	L3225	L3550	L3912
L2415	L2999	L3230	L3560	L3913
L2430	L3000	L3250	L3570	L3914
L2492	L3001	L3251	L3580	L3916
L2500	L3002	L3252	L3590	L3917
L2510	L3003	L3253	L3595	L3918
L2520	L3010	L3254	L3600	L3919
L2525	L3020	L3255	L3610	L3921
L2526	L3030	L3257	L3620	L3923
L2530	L3031	L3260	L3630	L3924
L2540	L3040	L3265	L3640	L3925
L2550	L3050	L3300	L3649	L3926
L2570	L3060	L3310	L3650	L3927
L2580	L3070	L3320	L3660	L3928
L2600	L3080	L3330	L3670	L3929
L2610	L3090	L3332	L3671	L3930
L2620	L3100	L3334	L3674	L3931
L2622	L3140	L3340	L3675	L3933
L2624	L3150	L3350	L3677	L3935
L2627	L3160	L3360	L3678	L3960
L2628	L3170	L3370	L3702	L3961

L3962	L3977	L4045	L4361	S1031
L3964	L3978	L4050	L4370	S3000
L3965	L3980	L4055	L4380	S9140
L3966	L3982	L4060	L4386	S9141
L3967	L3984	L4070	L4387	S9145
L3968	L3985	L4080	L4392	S9452
L3969	L3995	L4090	L4394	S9455
L3970	L3999	L4100	L4396	S9460
L3971	L4000	L4110	L4397	S9465
L3972	L4002	L4130	L4398	S9470
L3973	L4010	L4205	L4631	
L3974	L4020	L4210	S0620	
L3975	L4030	L4350	S0621	
L3976	L4040	L4360	S1030	

ICD-9 DIAGNOSIS CODES

249.00	249.40	249.80	362.02	790.29
249.01	249.41	249.81	362.07	V45.85
249.10	249.50	249.90	648.00-	V53.91
249.11	249.51	249.91	648.04	V58.67
249.20	249.60	250.00-	648.80-	V65.46
249.21	249.61	250.93	648.84	
249.30	249.70	251.8	775.1	
249.31	249.71	362.01	790.21	
			790.22	

ICD-10 DIAGNOSIS CODES INFORMATIONAL ONLY

E08.00	E08.341	E08.52	E08.69	E09.329	E09.44	E09.641	E10.321
E08.01	E08.349	E08.59	E08.8	E09.331	E09.49	E09.649	E10.329
E08.10	E08.351	E08.610	E08.9	E09.339	E09.51	E09.65	E10.331
E08.11	E08.359	E08.618	E09.00	E09.341	E09.52	E09.69	E10.339
E08.21	E08.36	E08.620	E09.01	E09.349	E09.59	E09.8	E10.341
E08.22	E08.39	E08.621	E09.10	E09.351	E09.610	E09.9	E10.349
E08.29	E08.40	E08.622	E09.11	E09.359	E09.618	E10.10	E10.351
E08.311	E08.41	E08.628	E09.21	E09.36	E09.620	E10.11	E10.359
E08.319	E08.42	E08.630	E09.22	E09.39	E09.621	E10.21	E10.36
E08.321	E08.43	E08.638	E09.29	E09.40	E09.622	E10.22	E10.39
E08.329	E08.44	E08.641	E09.311	E09.41	E09.628	E10.29	E10.40
E08.331	E08.49	E08.649	E09.319	E09.42	E09.630	E10.311	E10.41
E08.339	E08.51	E08.65	E09.321	E09.43	E09.638	E10.319	E10.42

E10.43	E10.9	E11.41	E11.69	E13.359	E13.638	O24.13	O24.819
E10.44	E11.00	E11.42	E11.8	E13.36	E13.641	O24.311	O24.82
E10.49	E11.01	E11.43	E11.9	E13.39	E13.649	O24.312	O24.83
E10.51	E11.21	E11.44	E13.00	E13.40	E13.65	O24.313	O24.911
E10.52	E11.22	E11.49	E13.01	E13.41	E13.69	O24.319	O24.912
E10.59	E11.29	E11.51	E13.10	E13.42	E13.8	O24.32	O24.913
E10.610	E11.311	E11.52	E13.11	E13.43	E13.9	O24.33	O24.919
E10.618	E11.319	E11.59	E13.21	E13.44	E16.8	O24.410	O24.92
E10.620	E11.321	E11.610	E13.22	E13.49	O24.011	O24.414	O24.93
E10.621	E11.329	E11.618	E13.29	E13.51	O24.012	O24.419	O99.810
E10.622	E11.331	E11.620	E13.311	E13.52	O24.013	O24.420	O99.814
E10.628	E11.339	E11.621	E13.319	E13.59	O24.019	O24.424	O99.815
E10.630	E11.341	E11.622	E13.321	E13.610	O24.02	O24.429	P70.2
E10.638	E11.349	E11.628	E13.329	E13.618	O24.03	O24.430	R73.01
E10.641	E11.351	E11.630	E13.331	E13.620	O24.111	O24.434	R73.02
E10.649	E11.359	E11.638	E13.339	E13.621	O24.112	O24.439	R73.09
E10.65	E11.36	E11.641	E13.341	E13.622	O24.113	O24.811	Z46.81
E10.69	E11.39	E11.649	E13.349	E13.628	O24.119	O24.812	Z79.4
E10.8	E11.40	E11.65	E13.351	E13.630	O24.12	O24.813	Z96.41

NDC Codes:

Syringe with needle, sterile 1 cc, each
Urine test or reagent strips or tablets (100 tablets or strips)
Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
Platforms for home blood glucose monitor, 50 per box
Normal, low, and high calibrator solution/chips
Spring-powered device for lancet, each
Lancets, per box of 100
Insulin Delivery Device, disposable pen (including insulin): 1.5 ml size
Insulin Delivery Device, disposable pen (including insulin): 3 ml size
Insulin syringes (100 syringes, any size)