

Durable Medical Equipment: Diabetic Equipment**MPM 4.4**

Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description

Durable Medical Equipment (DME) is equipment which:

- Can withstand repeated use
- Is primarily and customarily used to serve a medical purpose
- Generally is not useful to a person in the absence of illness or injury
- Is appropriate for use in a patient's home, at school or at work¹

DME items for diabetes are purchased.

All plans, except the Minimum Healthcare Protection Plan and ASO plans, are required by statute to cover diabetic supplies and certain DME for diabetics.² Some plans do not have a DME benefit, but have a provision to cover diabetic supplies and diabetic DME. Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.

Other related Medical Policies:

- Durable Medical Equipment (DME): Miscellaneous, MPM 4.5
- Durable Medical Equipment (DME): Orthotics and Prosthetics, MPM 4.6
- Durable Medical Equipment (DME): Rehabilitation and Mobility Devices, MPM 4.2
- Durable Medical Equipment (DME): Respiratory Devices, MPM 4.3
- Durable Medical Equipment for State Coverage Insurance, MPM 4.7

This Medical Policy includes the following items:

- Glucose monitors (diabetic test strips and related supplies are not DME but covered under the pharmacy benefit).
- Insulin pumps
- Continuous glucose monitoring systems.
- Therapeutic shoes and inserts for persons with diabetes.

Coverage Determination

Durable Medical Equipment (DME) listed in the PHP Prior Authorization [Guide](#) requires prior authorization. Log on to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

- **Items that do not require Prior Authorization are subject to retrospective review, and only covered for the indications listed.**
- **All durable medical equipment is subject to the limitations and exclusions of the member's specific benefit plan.**
- **For diabetic items, only PHP/PIC approved brands are covered.**

Durable Medical Equipment: Diabetic Equipment**MPM 4.4**

Items classified in DME may not be covered in every instance.

Coverage is subject to the following:

- The equipment must be necessary and reasonable for the treatment of an illness or injury, or to improve the functioning of a body part.¹
- The patient's diagnosis justifies that the equipment or supply being requested is medically necessary.
- The practitioner's documentation must include the patient's diagnosis, the reason equipment is required and the practitioner's estimate of the duration of its need.

Many of the following criteria refer the user to a CMS Cigna DME MAC Local Coverage Determination (LCD). Unless otherwise noted, these LCDs are located at Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C, and can be accessed on the Internet at:

[http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=1](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=1)

Criteria for Diabetic Supplies

1. **Blood Glucose Monitors: Prior Authorization is not required.** PHP follows CMS DME MAC guidelines in the coverage of blood glucose monitors and related supplies. **Only PHP/PIC approved brands for these items are covered. All other monitors require Prior Authorization.** Accu-Chek® monitors are the preferred product and free to all members with diabetes (no copayment). Members or providers may call the Accu-Chek fulfillment center at 1-888-355-4242 to request a meter. CMS Cigna DME MAC LCD L11520 details coverage of monitors, supplies and coding requirements, and can be accessed at the CMS Cigna DME MAC website (link above).

Please note: CMS Cigna DME MAC LCD L11520 addresses coverage of home blood glucose monitors with special features for the visually impaired or for those with impairment of manual dexterity. These monitors require prior authorization through pharmacy staff.

2. **Insulin pumps, cartridges and reservoirs. Prior Authorization is not required.** As required by CMS Cigna DME MAC LCD L11555, an insulin infusion pump must be ordered and follow-up care rendered by a physician who manages multiple patients on continuous subcutaneous insulin infusion therapy and who works closely with a team including nurses, diabetic educators, and

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[MPMPPC071005]

Durable Medical Equipment: Diabetic Equipment**MPM 4.4**

dieticians who are knowledgeable in the use of continuous subcutaneous insulin infusion therapy. Continued coverage of an external insulin pump and supplies requires that the patient be seen and evaluated by the treating physician at least every six months.

PHP follows CMS DME MAC guidelines in the coverage of insulin pumps and related supplies. Only PHP/PIC approved brands for these items are covered. (For Medicare members only, insulin used in an insulin pump does not require a copayment. Pharmacy staff must initiate a prior authorization to allow the member to obtain the insulin from one of PHP/PIC's contracted pharmacies.) CMS DME MAC LCD L11555 details coverage and coding, and can be accessed at the CMS Cigna DME MAC website (link on page 2).

3. Continuous Glucose Monitoring Systems (CGMS):⁵ Examples of covered systems include Animas, DexCom, Minimed, Smiths Medical MD and FreeStyle Navigator. Only PHP/PIC approved brands are covered. **Prior Authorization is required.**

In an effort to maintain blood glucose levels near the normal range, a diabetic patient frequently self-monitors blood glucose. However, frequent monitoring may not detect significant deviations in blood glucose, particularly for those diabetics with rapidly fluctuating glucose levels, glucose levels that fluctuate in the night or those who experience hypoglycemic unawareness. In addition, intensive insulin therapy places diabetic patients at higher risk for episodes of severe hypoglycemia. CGMS have been developed to detect trends and track patterns in glucose levels, information that can then be used to optimize insulin therapy and potentially improve glycemic control.

There are several systems currently approved by the United States Food and Drug Administration (FDA) for continuous glucose monitoring purposes. These systems utilize sensor devices, which extract glucose from the interstitial fluid, and then measure and display the glucose in "real-time," making it available to the patient as often as every five minutes. These readings are intended to supplement, not replace, information obtained from standard home glucose monitoring devices.

All of the following criteria must be met and accompanied by a recommendation by an endocrinologist:

- A. Insulin dependent (type 1) diabetes, difficult to control despite intensive management by an endocrinologist using conventional blood glucose monitoring. Examples of possible candidates include patients with recurring hypoglycemia, hypoglycemic

Durable Medical Equipment: Diabetic Equipment**MPM 4.4**

unawareness, nocturnal hypoglycemia or a history of severe glycemic excursions.

AND

- B. The prescribing endocrinologist must have documented the following:
- Willingness and ability of the patient to comply with the prescribed diabetes self-care behavior required to effectively operate and benefit from the CGMS. This includes acknowledgement of the patient's documentation of 4-8 blood sugar tests per day over the period of uncontrolled blood sugars.
 - The patient and family understand that the sensor readings are intended to supplement, not replace, standard glucose monitoring, and that it is the responsibility of the patient and physician to review the sensor reports to make adjustments in the insulin program.

4. Therapeutic shoes and inserts for diabetics. **Prior Authorization is not required.**

PHP follows CMS DME MAC guidelines in the coverage of therapeutic shoes for diabetics. CMS DME MAC LCD L11525 details coverage and coding requirements, and can be accessed at the CMS Cigna DME MAC website (link on page 2):

Exclusions:

Comfort and convenience items are generally not covered, and include but are not limited to the following:

- Alcohol, alcohol wipes, Betadine, Betadine wipes, Iodine wipes, cotton swabs, peroxide or PhisoHex
- The I-Port Injection Port
- Hazardous waste container for needle disposal

See Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction C for additional specific criteria not listed in this Medical Policy.

[http://www.cms.hhs.gov/mcd/results_index.asp?from='lmpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20\(18003,%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmpcontractor'&contractor=140&name=CIGNA%20Government%20Services%20(18003,%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5)

Definitions

Durable Medical Equipment (DME): Items that are reusable and provide support for physical limitations and disabilities, can withstand repeated use, and are used for a medical purpose, in the member's residence (excluding a skilled nursing facility or acute care hospital) under a physician's supervision

Durable Medical Equipment: Diabetic Equipment
MPM 4.4

Reasonable Useful Lifetime: In the absence of Medicare Program Instructions, the Reasonable Useful Lifetime can be determined by the member's individual plan, but in no case can it be less than 5 years unless medically necessary replacement can be documented by the prescribing endocrinologist. Computation of the useful lifetime is based on when the equipment was delivered to the member, not the age of the equipment. If equipment remains in good working order and meets the member's medical needs, it should not automatically be replaced.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered procedures are included within this list. See CMS Local Coverage Determinations (LCDs) for additional coding references.

CPT Codes	Description
95250	Continuous glucose monitor, up to 72 hours.
95251	Continuous glucose monitor, physicians interpretation and report.

HCPCS® Codes	Description
A9276	Sensor; invasive (eg, subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system
S1030	Continuous noninvasive glucose monitoring device, purchase.
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement and download to monitor.

ICD-9® Diagnosis Codes	Description
648-80 – 648.84	Gestational diabetes
250.00 – 250.03	Diabetes Mellitus without mention of complication
250.10 – 250.13	Diabetes Mellitus with ketoacidosis

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[MPMPPC071005]

Durable Medical Equipment: Diabetic Equipment
MPM 4.4

ICD-9© Diagnosis Codes	Description
250.20 – 250.23	Diabetes Mellitus with hyperosmolarity
250.30 – 250.33	Diabetes with other coma
250.40 – 250.43	Diabetes with renal manifestation
250.50 – 250.53	Diabetes with ophthalmic manifestation
250.60 – 250.63	Diabetes with neurologic manifestation
250.70 – 250.73	Diabetes with peripheral circulatory disorders
250.80 – 250.83	Diabetes with other special manifestations
250.90 – 250.93	Diabetes with unspecified complication
648.00	Maternal diabetes mellitus, complicating pregnancy, childbirth, or the puerperium, unspecified as to episode of care
648.01	Maternal diabetes mellitus with delivery
648.02	Maternal diabetes mellitus with delivery, with current postpartum complication
648.03	Maternal diabetes mellitus, antepartum
648.04	Maternal diabetes mellitus, previous postpartum condition

- References:**
1. New Mexico Human Services Department, Medical Assistance Division Program Policy Manual, Durable Medical Equipment and Medical Supplies, NMAC 8.324.5, November 2005.
 2. New Mexico Public Regulation Commission – Insurance Division. Statute 59A-22-41. Coverage for Individuals with Diabetes. Accessed 08-04-09 on the Internet at: <http://www.nmprc.state.nm.us/idstatutes.htm> Accessed 11-4-11. No change.
 3. Centers for Medicare and Medicaid Services. Cigna Government Services. Durable Medical Equipment Medicare Administrative Contractor (DME MAC) for Jurisdiction CME MAC Cigna Government Services. Accessed 08-27-09 on the Internet at: [http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Se%201rvices%20\(18003.%20DME%20MAC\)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5](http://www.cms.hhs.gov/mcd/results_index.asp?from='lmrprcontractor'&contractor=140&name=CIGNA%20Government%20Se%201rvices%20(18003.%20DME%20MAC)&letter_range=4&retired=&sort=title&num_on_page=10&page_num=5)

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[MPMPPC071005]

Durable Medical Equipment: Diabetic Equipment**MPM 4.4**

4. Centers for Medicare and Medicaid Services. National Coverage Determination for Durable Medical Equipment Reference List (280.1). Effective Date: 05-05-05. Accessed 11-4-11. No change or update.
5. Milliman Care Guidelines ®, 14th Edition. Continuous Glucose Monitoring. ACG: A-0126(AC). Last updated: 02-09-10.
6. Hayes Directory. Copyright © 2008 Winifred S. Hayes, Inc. Continuous Glucose Monitoring Systems. December 17, 2008. Update Search June 17, 2010.

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Approval Signatures:Clinical Quality Committee: Mark Whitaker MDMedical Director: Albert Rizzoli MD**Date:** November 30, 2011**Publication History:**

- 04-1999: Original effective date of DME Internal Criteria
- 05-28-08: Merging of Health Services DME Criteria, Benefit Alerts and benefit interpretation; Transitioned central DME Criteria to four separate Medical Policies.
- 10-22-08: Revision to update "Reasonable Useful Lifetime" and add exclusion.
- 08-26-09: Annual review and revision
- 08-25-10: Annual review and revision
- 11-30-11: Annual review and revision

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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[MPMPPC071005]