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 work

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. 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 PresOnline 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.
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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.cgsmedicare.com/jc/coverage/lcdinfo.html

Accessed 9-20-16.

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 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).


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 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.cgsmedicare.com/jc/coverage/lcdinfo.html

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

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.
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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.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95250</td>
<td>Continuous glucose monitor, up to 72 hours.</td>
</tr>
<tr>
<td>95251</td>
<td>Continuous glucose monitor, physicians interpretation and report.</td>
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<table>
<thead>
<tr>
<th>HCPCS© Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9276</td>
<td>Sensor; invasive (eg, subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply</td>
</tr>
<tr>
<td>A9277</td>
<td>Transmitter; external, for use with interstitial continuous glucose monitoring system</td>
</tr>
<tr>
<td>A9278</td>
<td>Receiver (monitor); external, for use with interstitial continuous glucose monitoring system</td>
</tr>
<tr>
<td>S1030</td>
<td>Continuous noninvasive glucose monitoring device, purchase</td>
</tr>
<tr>
<td>S1031</td>
<td>Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement and download to monitor</td>
</tr>
</tbody>
</table>

Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD10 DIAGNOSIS CODES</th>
<th>ICD10 DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.9 -</td>
<td>Type 2 diabetes mellitus High code will not populate description and no high 10 code</td>
</tr>
<tr>
<td>E13.10 -</td>
<td>Other specified diabetes mellitus with ketoacidosis High code will not populate description and no high 10 code</td>
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<tr>
<td>E11.00 -</td>
<td>Type 2 diabetes mellitus with hyperosmolarity High code will not populate description and no high 10 code</td>
</tr>
<tr>
<td>E11.641 -</td>
<td>Type 2 diabetes mellitus with other specified complications High code will not populate description and no high 10 code</td>
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<tr>
<td>E11.21 -</td>
<td>Type 2 diabetes mellitus with kidney complications High code will not populate description and no high 10 code</td>
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<tr>
<td>E11.311 -</td>
<td>Type 2 diabetes mellitus with ophthalmic complications High code will not populate description and no high 10 code</td>
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</tbody>
</table>

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

[MPMPPC071005]
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<tr>
<th>ICD10 DIAGNOSIS CODES</th>
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<tr>
<td>E11.40 -</td>
<td>Type 2 diabetes mellitus with neurological complications High code will not populate description and no high 10 code</td>
</tr>
<tr>
<td>E11.51 -</td>
<td>Type 2 diabetes mellitus with circulatory complications High code will not populate description and no high 10 code</td>
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<tr>
<td>E11.618 -</td>
<td>Type 2 diabetes mellitus with other specified complications High code will not populate description and no high 10 code</td>
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<tr>
<td>E11.8 -</td>
<td>Type 2 diabetes mellitus High code will not populate description and no high 10 code</td>
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<td>O24.019</td>
<td>Pre-exist diabetes, type 1, in preg, chldbrth and the puerp</td>
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<tr>
<td>O24.011</td>
<td>Pre-exist diabetes, type 1, in preg, chldbrth and the puerp</td>
</tr>
<tr>
<td>O24.93</td>
<td>Unsp diabetes in pregnancy, childbirth and the puerperium</td>
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<td>O24.011</td>
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<td>O24.03</td>
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<tr>
<td>- O99.815</td>
<td>No low 10 code and High code will not populate description</td>
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</tbody>
</table>

Approval Signatures:
Clinical Quality Committee: ___Norman White MD___
Medical Director: ___Pedro Cardona MD___

Date: September 28, 2016

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
01-30-13: Annual review and revision
01-29-14: Annual Review PHP policy retired. Follow CMS and HSD
09-28-16: Annual review.

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.

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage.

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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