

Insulin Syringe (NCD 40.4)

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[➔ Terms and Conditions](#)

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| <p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Durable Medical Equipment Reference List (NCD 280.1) |
| <p>Related Medicare Advantage Coverage Summaries</p> <ul style="list-style-type: none"> Diabetes Management, Equipment and Supplies Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid |

Policy Summary

[➔ See Purpose](#)

Overview

An Insulin Syringe is a medical supply directly associated with delivering insulin to the body.

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 Part B covered benefit. There may be coverage available under the beneficiary's Medicare Part D Prescription Drug Plan. If a 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.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
A4206	Syringe with needle, sterile, 1 cc or less, each (Non-Covered)
A4210	Needle-free injection device, each (Non-Covered)

HCPSC Code	Description
A4211	Supplies for self-administered injections (Non-Covered)

References

CMS National Coverage Determinations (NCDs)

[NCD 40.4 Insulin Syringe](#)

[NCD 280.1 Durable Medical Equipment Reference List](#)

Medicare Prescription Drug Benefit Manual

[Chapter 6; § 10.5 Medical Supplies Associated with the Delivery of Insulin](#)

MLN Matters

[Article SE0738, An Overview of Medicare Covered Diabetes Supplies and Services](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
02/10/2021	<p>Policy Summary</p> <p><i>Overview</i></p> <ul style="list-style-type: none"> Removed definition of “syringe” <p>Applicable Codes</p> <ul style="list-style-type: none"> Revised notation pertaining to HCPCS codes A4206, A4210, and A4211 to indicate these codes are “non-covered” Removed HCPCS codes S5560, S5561, and S8490 <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version MPG163.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines 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 or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).